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March 1983

Functional Assessment Instruments

for developmentally handicapped people

Program Development Series
Volume II

PROGRAM DEVELOPMENT SERIES

Volume I	Directory of Assessment Services for Developmentally Handicapped People	March 1983
Volume II	Functional Assessment Instruments for Developmentally Handicapped People	March 1983
Volume III	Individual Program Planning for Developmentally Handicapped People: Proposed Standards and Guidelines	March 1983
Volume IV	Community Residential Services for Developmentally Handicapped People	April 1983
Volume V	The Workshop Review: A Plan to Revitalize Workshops in Ontario.	April 1983

Policy and Program Development Division
Ministry of Community
and Social Services

FUNCTIONAL ASSESSMENT INSTRUMENTS

FOR

DEVELOPMENTALLY HANDICAPPED PEOPLE

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and Social Services

March 1983

FUNCTIONAL ASSESSMENT INSTRUMENTS FOR DEVELOPMENTALLY HANDICAPPED PEOPLE

INTRODUCTION

This Review of Functional Assessment Instruments has been prepared to assist people working with developmentally handicapped children and adults to become more familiar with assessment instruments commonly used to assess functional capacities. The report which was completed for the Ministry of Community and Social Services by Abt Associates of Canada, provides a detailed description of 25 assessment instruments and reviews each for its usefulness for individual program planning.

The report is one of several projects carried out by the Ministry of Community and Social Services to facilitate effective individual program planning for developmentally handicapped clients of Ministry-funded services. These projects also include a directory of assessment services and proposed standards and guidelines for individual program planning. Titles of these and other volumes in this series of publications are listed opposite.*

FUNCTIONAL ASSESSMENT INSTRUMENTS

One element in the assessment process leading to programming for developmentally handicapped individuals is a measure of the specific strengths and needs of the person. Such measures are often referred to as "functional assessment tools" or "instruments" to differentiate them from screening tests or diagnostic (labelling) tests. A functional assessment is ideally completed by program staff who have extensive direct contact with an individual in a natural setting such as nursery, home, workshop, or residence.

The instruments reviewed in this report are all designed for use by program staff. The major criterion for selection and review was the degree of utility of the instrument for individual program planning.

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* Readers of this report who are interested in obtaining a copy of the proposed standards and guidelines for individual program planning, or other volumes in the Program Development Series may write to:

Project Management & Implementation Planning Unit
Ministry of Community and Social Services
700 Bay Street
9th Floor
Toronto, Ontario
M7A 1E9

Telephone: (416) 965-3130

INSTRUMENT SELECTION

The 25 assessment instruments were selected for detailed review after an initial examination of over 300 such instruments[1]. Evidence for validity and reliability, comprehensiveness, item objectivity and measurability, adequacy of instructions and manual, and particularly, utility for individual program planning were considered in the choice of the final twenty-five. The extent of use of available instruments by service providers in Ontario was also taken into account.

A review panel of experts in the field of developmental handicap assisted in the selection of instruments. Certain inclusion and exclusion guidelines were established for the selection procedure.

Excluded were:

- Measures used exclusively by highly-trained professional staff, e.g., intelligence, personality, and already widely reported in the literature.
- Unpublished and/or unresearched local instruments not generally available.
- Instruments designed primarily for classroom use.
- Instruments designed primarily for preliminary screening or administrative purposes.
- Commercial work sampling instruments for vocational rehabilitation programs, already well-documented and too costly for wide use in small programs.

Included were:

- Criterion-referenced or prescriptive instruments.
- Instruments with training programs attached.
- Instruments with wide-spread usage and availability.
- Instruments which were noteworthy, promising, or unique in their approach.

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1 Three major sources were used to identify instruments:

John Doucette and Ruth Freedman, Progress Tests for the Developmentally Disabled; An Evaluation. Abt Books, Cambridge, Mass, 1980.

T. Mayeda et al., Performance Measures of Skills and Adaptive Competencies of Mentally Retarded and Developmentally Disabled Persons. University of California, Los Angeles, 1979.

Richard Walls, "Behaviour Checklists" Behavioural Assessment. (eds) John Cone and Robert Hawkins, Brunner Maxell, New York, 1977.

A few screening or diagnostic instruments were included because they are widely used in Ontario, e.g., the Bayley, and Alpern-Bol scales. Some instruments which should have been reviewed were unavailable at the time of this study; these are listed in Appendix A.

SUMMARY TABLE

The summary table on page viii lists instruments according to the type of program where they can appropriately be used. This table provides a quick reference guide to the reader. Some instruments with wide applicability are listed under several program headings. In some cases, only a portion of the instrument is useful and only for certain levels of disability. The reader should check the detailed review.

THE REVIEWS

The instrument reviews are indexed on page vi and compiled in alphabetical order. Each review has three parts[2].

1. **Part I**

   This section indicates the source of the instrument and current costs as indicated by the distributor. Wherever possible, a Canadian distributor is listed.

2. **Part II**

   This section is descriptive, and objective. The content was drawn mainly from the test manuals, but also from research papers, reviews and promotional materials. Sub-sections include:

   - **Intended Purpose:** what the author(s) designed the instrument to do.
   - **Domains:** what functional areas are assessed by the instrument.
   - **Procedures:** how the author intends the instrument to be used; skills required; scoring procedures.
   - **Reliability and validity data:** whether or not such data are available.

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[2] The format and approach for the reviews is based on that used by John Doucette and Ruth Freedman in Progress Tests for the Developmentally Disabled: An Evaluation.

3. Part III

This section is a review of the instrument. It is a subjective evaluation and thus should not be taken as a definitive statement on an instrument. The primary criterion for judgments about an instrument was its usefulness in designing an individual program plan.

Features examined in the review include:

- **Content:** Is it developmentally sequenced, detailed, and age appropriate? Are items clearly defined in behavioural terms? Are items free from sexual and cultural bias, and positively focussed? Does the content of the instrument pose problems for the multi-handicapped individual?

- **Administration:** Is the manual clear, unambiguous, and rigorous? What training or skills are necessary to use the instrument effectively? Does it involve direct testing or rating from observation or memory? Where can the test be given? How long does it take?

- **Interpretability:** How are results of the test displayed, e.g., a score(s), graph, etc.? Does the manual give instructions for the interpretation of the results? What cautions are necessary in interpretation (especially for multi-handicapped individuals)? How do the standardization data affect interpretation?

- **Summary of utility for program planning:** This is the most important element of the review. It sums up the usefulness of the instrument for program planning by assessing its sensitivity and its most appropriate uses (i.e., type of program and client). It indicates whether the instrument is primarily useful for screening or for detailed program planning.

WHAT TO EXPECT FROM AN ASSESSMENT INSTRUMENT

An assessment instrument is not a program. It is a tool which measures benchmark behaviours, skills, or attitudes. Some instruments have programs directly related to assessment (e.g., the Mid-Nebraska, AFI, etc.). Others are detailed enough to virtually generate a direct program (e.g., the Prescriptive Behavioural Checklist). The majority provide only points of reference and require task analysis by experienced program staff in order to be translated into training programs.

These instruments have been evaluated in terms of their usefulness for individual program planning. This information is intended to assist you in forming a judgment, not to replace the judgment of a program and its staff in the instrument selection process.

DISTRIBUTION OF THE REPORT

This report on assessment instruments is being distributed to agencies in Ontario funded by the Ministry of Community and Social Services to provide services to developmentally handicapped people. These include local Associations for the Mentally Retarded and other charitable organizations. Approximately 1,200 copies of the report will be provided to these agencies for distribution to their various residential, vocational and support service programs. Other agencies and interested parties may also obtain copies of this report by writing to:

Project Management & Implementation Planning Unit
Ministry of Community and Social Services
700 Bay Street
9th Floor
Toronto, Ontario
M7A 1E9

Telephone: 965-3130

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Appendix A

Instruments Unavailable for Review

SUMMARY TABLE

UTILITY OF INSTRUMENTS FOR DIFFERENT SETTINGS

SETTING AND INSTRUMENT	Recommended Purpose	Designed for Multiply Handicapped	Page
INFANT STIMULATION PROGRAMS			
Alpern-Bol Development Profile II	Screening	No	5
Bayley Scales of Infant Development	Screening	No	18
Brigance Inventory of Early Development	I.P.P.	No	21
Callier-Azusa	I.P.P.	Vision Impaired	29
Initial Communication Processes	I.P.P.	Yes	35
Milani Comparetti	Screening	Yes	39
Portage Project Checklist	I.P.P.	No	49
Prescriptive Behavioural Checklist for the Severely and Profoundly Retarded	I.P.P.	Yes	52
Primary PAC	Screening	No	58
The RADEA Program	I.P.P.	No	61
The Vulpe Assessment Battery	I.P.P.	Yes	83

SUMMARY TABLE

UTILITY OF INSTRUMENTS FOR DIFFERENT SETTINGS

INSTRUMENT AND UTILITY	Recommended Purpose	Designed for Multiply Handicapped	Page
DEVELOPMENTAL NURSERIES AND DAY CARE PROGRAMS			
Alpern-Bol Developmental Profile II	Screening	No	5
Brigance Inventory of Early Development	I.P.P.	No	21
Callier-Azusa	I.P.P.	Vision Impaired	29
Initial Communications Processes	I.P.P.	Yes	35
Portage Project Checklist	I.P.P.	No	49
Prescriptive Behavioural Checklist for the Severely and Profoundly Retarded	I.P.P.	Yes	52
PAC 1 and M/PAC 1	Screening	No	58
The RADEA Program	I.P.P.	No	61
Santa Cruz Behavioural Characteristics Progression	I.P.P.	Yes	64
Teaching the Moderately and Severely Handicapped	I.P.P.	Yes	73
Uniform Performance Assessment System	I.P.P.	Yes	76
The Vulpe Assessment Battery	I.P.P.	Yes	83

SUMMARY TABLE

UTILITY OF INSTRUMENTS FOR DIFFERENT SETTINGS

INSTRUMENT AND UTILITY	Recommended Purpose	Designed for Multiply Handicapped	Page
PUBLIC SCHOOLS			
Brigance Inventory of Basic Skills (K-Gr. 6)	I.P.P.	No	24
Brigance Inventory of Essential Skills (Grs. 7-11+)	I.P.P.	No	26
Callier-Azusa	I.P.P.	Vision Impaired	29
PAC 1 and M/PAC 1	Screening	No	58
Santa Cruz Behavioural Characteristics Progression	I.P.P.	Yes	64
Social and Pre-Vocational Information Battery - Form T	Screening	No	70
Teaching the Moderately and Severely Handicapped	I.P.P.	Yes	73
COMMUNITY LIFE SKILLS PROGRAMS, ADULT GROUP HOMES AND APARTMENT LIVING			
Adaptive Functioning Index	I.P.P.	No	1
Brigance Inventory of Essential Skills (Grs. 7-11+)	I.P.P.	No	26
The DALE System	Screening - I.P.P.	Yes	32
Mid-Nebraska Basic Skills Screening Test and Independent Living Screening Test	I.P.P.	Yes	42

SUMMARY TABLE

UTILITY OF INSTRUMENTS FOR DIFFERENT SETTINGS

INSTRUMENT AND UTILITY	Recommended Purpose	Designed for Multiply Handicapped	Page
COMMUNITY LIFE SKILLS PROGRAMS, ADULT GROUP HOMES AND APARTMENT LIVING (cont'd)			
Objective Behavioural Assessment	I.P.P.	No	46
PAC-1A, PAC 2 and F/FAC 2	Screening	No	58
Santa Cruz Behavioural Characteristics Progression	I.P.P.	Yes	64
Social and Prevocational Information Battery - Fomr T	Screening	No	70
Teaching the Moderately and Severely Handicapped	I.P.P.	Yes	73
PREVOCATIONAL AND VOCATIONAL PROGRAMS			
Adaptive Functioning Index	I.P.P.	No	1
Brigance Inventory of Essential Skills (Grs. 7-11+)	I.P.P.	No	26
Mid-Nebraska Basic Skills Screeng Test and Independent Living Screening Test	I.P.P.	Yes	42
Objective Behavioural Assessment	I.P.P.	No	46
Prevocational Assessment and Curriculum Guide	I.P.P.	Yes	55
Santa Cruz Behavioural Characteristics Progression	I.P.P.	Yes	64

SUMMARY TABLE

UTILITY OF INSTRUMENTS FOR DIFFERENT SETTINGS

INSTRUMENT AND UTILITY	Recommended Purpose	Designed for Multiply Handicapped	Page
PREVOCATIONAL AND VOCATIONAL PROGRAMS (cont'd)			
Sheltered Employment Work Experience Program (SEWEP)	Screening	No	67
Social and Prevocational Information Battery - Form T	Screening	No	70
Vocational Behaviour Checklist	I.P.P.	Yes	79
INSTITUTIONAL PROGRAMS			
Adaptive Functioning Index	I.P.P.	No	1
AAMD Adaptive Behaviour Scale	Screening	No	8
Balthazar Scales of Adaptive Behaviour I and II	I.P.P.	No	11
Basic Life Skills	I.P.P.	No	14

ADAPTIVE FUNCTIONING INDEX (AFI)
SOCIAL EVALUATION TEST, VOCATIONAL CHECKLIST, RESIDENTIAL CHECKLIST

Marlett, Nancy J.

The Vocational Rehabilitation Research Institute
3304 - 33 Street N.W.
Calgary, Alberta
T2L 2A6

1976

COSTS

Complete AFI	$45.00
Administration manual	4.45
Social Education Test Booklets	10/4.20
Vocational Checklist Booklet	10/2.75
Residential Checklist Booklet	10/2.75
AFI Wheel	50/6.55
Rehabilitation Programs Training Package	16.00/set
Rehabilitation Programs Manual	12.75
Target Workbooks	10/4.20
Program Workbooks	10/4.20

DESCRIPTION

Intended Purposes

The Adaptive Functioning Index is a training and assessment tool to be used by those working with developmentally handicapped adolescents and adults (above 14 years of age). According to the author is is designed for use with clients who generally characterized by lack of social independence caused by inadequate intellectual functioning, a history of institutionalization, or social disadvantage.

The AFI consists of three separate, but compatible, program units: social education, vocational, and residential. It is designed primarily for centres whose training aim is relative independence for their trainees. According to the author, it will be useful in community settings and institutions which try to assimilate community standards.

Domains

A total of 274 items are divided in 15 domains and 68 sub-domains. The Social Education Test contains 39 items within 9 domains: reading, writing, communications, concept attainment, number concepts, time, money handling, community awareness, and motor movements. The Vocational Check List contains 85 items within 3 domains: basic work habits, work skills, and acceptance skills. The Residential Check List contains 150 items within 3 domains: personal routines, community awareness, and social maturity.

Procedures

All three AFI indices have been designed for the use of direct service personnel as well as by the individual's parents or employer. The administration manual recommends that professional back-up be available for consultation and monitoring, but states that the indices can be used by any staff who follow the directions carefully.

The Vocational and Residential Indexes are behaviour rating lists that use a three-point scale for rating each behaviour. The scores range from two credits for mastery to no credits if the trainee does not show or has not had a chance to show the behaviour. The Social Education Test involves direct testing of the individual using materials provided in the test kit. No estimate is given of the time involved in administering the instrument.

Reliability and validity data

Reliability and standardization data are available in a separate publication.

REVIEW

Content

The AFI is most comprehensive in measuring self-care, and independent living skills when all three indices are used as a package, instead of independently. As a total package, it does touch on all the basic skills related to community living and at the same time, allows for individual variations where appropriate, e.g., in leisure time activities.

The three indices overlap in some of the behaviours measured. For example, appearance is assessed in both the Residential and Vocational Check Lists although from slightly different perspectives. In recognition of this overlap, the AFI Wheel is used as a pictorial display which shows the juxtaposition of domains and their relationship to other program areas.

Only a few of the items in the two checklists have criteria included in the description which makes them more easily and clearly observable -- such as "60-80 per cent industrial standard; almost as fast as supervisor" in the Vocational Check List. Although some of the items include examples in order to make expected behaviours clearer, the checklists, for the most part, are subject to rater interpretation.

Many of the item descriptions encompass too broad a range of behaviours. Items such as "dresses himself neatly" deserve to be broken down into more discrete categories. Some items (e.g., blocks, ball throwing) are not age appropriate. The Social Education test contains a number of vaguely defined items and sets very high expectations for success. This is particularly evident in the areas of appearance, health, budgeting, and room management.

Although there is space to note a physical disability, the scoring system does not accommodate such problems. A behaviour is scored 0 if it is not shown regardless of the reason, e.g., disability, or lack of opportunity, or lack of training.

Administration

The AFI has a very good manual providing clear and specific instructions on the administration of the indices.

Other support materials include a Rehabilitation Programs Manual written for field use. It includes training exercises to prepare staff to develop IPP's from assessment data. Included with the Rehabilitation Programs Manual is a Target Workbook which outlines a step-by-step process from assessment to training. Also included is a Program Workbook through which staff can assess the overall effectiveness of their programs. These tools are invaluable for staff training and could be used independently of the AFI for staff growth and development.

Interpretability

Interpretation procedures of the AFI go beyond the traditional assignment of scores and development of profiles. By following the interpretation procedures outlined in the Rehabilitation Programs Manual it is possible to identify the training needs of the individual, specify target behavioural objectives and training approaches, and even calculate incentive rates as behavioural rewards. In other words, the Program Manual spells out detailed IPP construction based on assessment results. To facilitate the determination of training needs, the manual includes an appendix that lists developmental priorities. This information can be used by the test administrator and the trainee to choose the skill that the trainee would like to work toward for the next two to six months. Throughout, the manual empahsizes client involvement in determining his/her program. A weakness in this whole system is its lack of accommodation, both in testing and programming, of those with physical handicaps.

Summary of utility for program planning

The AFI is most appropriate with individuals functioning at moderate and mild levels of retardation who are in community-oriented programs. It is not designed for severe and/or institutionalized populations. Clients must have some verbal and communication skills; also, auditory and visual skills. There is some scoring discrimination against those with a physical handicap.

The AFI could be used as the basis for: needs assessment at the client and program level; program planning information at the group level; individualized program planning; program monitoring. Of all of these applications, the potential use of the AFI for IPPs is strongest when the accompanying program manual is used.

The AFI Rehabilitation Programs Manual provides a strong basis for training staff in rehabilitation techniques appropriate to the needs of clients. In addition, the Training Workbook provides a "cookbook" approach to developing IPP's. Also very useful in program planning are the developmental priorities of the AFI found in the appendix to the programs manual.

The approach of the AFI is to provide a positively stated, goal-directed assessment instrument that involves the client and the trainer in determining training needs, goals and expectations. The AFI checklists, used alone, are not always detailed anough for program planning. However, when ued with the Rehabilitation Programs Manaul, the link, between assessment and programming is considerably strengthened.

ALPERN-BOL DEVELOPMENTAL PROFILE II (REV. 1980)

Alpern, G.Q., Bol, T.J. Shearer, M.

Psychological Development Publications
P.O. Box 3198
Aspen, Colorado
U.S.A. 81612

COSTS

Manual plus 15 Profile & Scoring Forms		$23.50 U.S.
Manual		18.25
Profile & Scoring Forms	30 for	8.25

DESCRIPTION

Intended Purposes

Originally developed in 1972, the Alpern-Bol has been revised in repsonse to users' requests to modify and clarify certain aspects of the instruments. It has been shortened and now covers the developmental range from birth to 9 1/2 years. The authors give specific recommendations for administration based on the purpose(s) of the assessment which include eligibility decisions, IEP development, tracking progress, and program evaluation. The instrument is norm-referenced to normal developmental ages. The instrument was designed not to discriminate on the basis of sex, race or socio-economic status.

Domains

The instrument consists of 186 items divided into 5 domains: physical, self-help, social, academic, and communication. There are 6 items per year up to age four and 3 items per year thereafter in each category.

Procedures

The authors state that the instrument provides a reliable assessment of each of the five key areas in 20 to 40 minutes and can be given by an evaluator who need not be a trained developmental expert. Anyone well-acquainted with the child can answer the questions either in an interviews or in combination with direct testing.

Administration can begin at any age level that makes logical sense but the child must pass all items at two consecutive age levels to establish a "double

basal". The test ends when the child fails all items at two consecutive age levels. The scoring system is similar to the Binet. Scores are recorded as pass or fail and each "pass" represents a number of months of credit. The result is a developmental age for each of the five categories and an overall developmental age. Although an IQ score can be calculated, the authors advise against this unless it is necessary for administrative purposes.

A graphic profile chart is provided which depicts the child's functional developmental age and compares the child's skills with the normal age of mastery of each skill.

Reliability and Validity Data

Reliability and validity data are reported in the manual.

REVIEW

Content

Some test items involve multiple skills and are difficult to score. For example, "does the child undo large buttons, snaps, shoelaces and zippers?" On the other hand, some are very well defined with clear, objective criteria. For example: "Does the child say the names of at least five things (not in imitation and not including the names of people)? The words must be said well enough to be understood by a stranger."

The items appear to be age appropriate and well sequenced. If there is no opportunity for the required behaviour, the item is marked as fail and N.O. is written beside it. Although this may be useful for programming, this scoring system would make the developmental age somewhat misleading.

Administration

The instrument can be administered by anyone who knows the child well. No special training is required. Instructions are adequate provided one does not reformulate the questions. It can be administered in any setting in which the child is comfortable.

The authors' advice to reformulate the questions to suit the test situation and purposes of administration raises some difficulty. Although the language of the question can be changed, the content cannot. The examiner has to be very careful not to make an error in this regard.

In order to get information from the test for curriculum planning, the authors recommend converting yes/no questions to open-ended questions to find

out how the child learns. In fact, considerable revision would be necessary to get useful program planning information.

Interpretability

The end result of this test is a developmental age for each of the five subtest areas and an overall developmental age. These can be compared to normal development by use of the graphic profile sheet. An I.Q. score can also be derived, although the authors caution against doing this for children not represented in the standardization population.

The authors offer a series of tables, based on clinical judgment, to help in determining the importance of a developmental lag. For example, an 8 month lag in physical development is much more significant in a 2 year old than it is in a 10 year old.

Summary of utility for program planning

The Alpern-Bol provides only 6 to 12 developmental checkpoints for each age group in each domain. These are not detailed or sensitive enough for program planning. The scale is most useful as a quick, screening device.

THE AMERICAN ASSOCIATION ON MENTAL DEFICIENCY (AAMD) ADAPTIVE BEHAVIOR SCALE FOR CHILDREN AND ADULTS

Nihira, K., Foster, R., Shellhaas, M. and Leland, H.

DISTRIBUTOR

American Association on Mental Deficiency
5101 Wisconsin Avenue, N.W.
Washington, D.C.
U.S.A. 20016

COSTS:

Specimen Set		$11.00
Manual:		$ 5.50
Scale Booklets:	1-99	$ 1.65ea
	100-499	$ 0.75ea
	500 or more	$ 0.65ea

DESCRIPTION

Intended Purposes

The Adaptive Behavior Scale (ABS) was designed to objectively assess an individual's ability to cope with the natural and social demands of his or her environment. It is intended for mentally retarded, emotionally maladjusted, and developmentally disabled individuals, but can be used with other handicapped individuals. It can be used with clients in the chronological age range of 6 to 69 plus years. (The ABSI, an infant version of the scale, is forthcoming.)

Domains

The ABS has 24 domains, 21 subdomains and a total of 110 items. Part 1 evaluates an individual's skills and habits in the domains of: independent functioning, physical development, economic activity, language development, numbers and time, domestic activity, vocational activity, self-direction, responsibility and socialization.

Part 2 provides measures of maladaptive behaviours in the domains of: violent and destructive behaviour, anti-social behaviour, rebellious behaviour, untrustworthy behaviour, withdrawal, stereotyped behaviour and odd mannerisms, inappropriate interpersonal manners, unacceptable vocal habits, unacceptable or eccentric habits, self-abusive behaviour, hyperactive tendencies, sexually abberant behaviour, psychological disturbances and uses of medication.

Procedures

The ABS can be administered by program staff. The scale can be completed through direct observation of the client; by a knowledgable person; and/or by interviewing a knowledgable person.

Different types of scores are used for different items on the checklist. The instrument uses rating scales and checklists which measure the presence or absence of specific behaviours, the frequency of specified behaviours or the highest level of performance of given behaviours. The scoring system does not include a "no opportunity" score. It does have a "does not apply" score, which is essentially a zero score.

A score is computed for each domain and for each sub-domain. These scores are then compared with norms based on an institutional population.

Reliability and Validity Data

Reliability and validity information is provided with the test materials.

REVIEW

Content

The ABS provides a gross measure of competency in the areas covered. With only 110 items to cover a wide developmental range in many domains, the test does not provide detailed information on an individual's ability in any particular domain. Further, the checklist was developed in an institutional setting and the items reflect this. Many of the items in Part 1 are stated in negative terms (e.g., has strong underarm odour). Part 2 is written entirely from a negative orientation, emphasizing maladaptive behaviours. These behaviours may occur at a high level of frequency in an institutional setting, but are less likely to be seen in community-based programs. In essence, Part 2 gives a comprehensive picture of behaviours that are not typically a focus in community programs.

The items in Part 1 are specified in clear, behavioural terms. The items in Part 2 are much less objective. Part 2 focusses the rater's attention on maladaptive behaviours and one can envision situations in which the rater will recall more instances of maladaptive behaviour than actually occur. The result may be to both overstate the problem and to ignore the environmental factors contributing to the behaviour.

The items in Part 1 are sequenced in developmental order. The behaviours are not, however, particularly age-sensitive and are appropriate for both children and adults.

The scoring system does include a "does not apply" score which could be used for individuals with other handicaps. The score is, however, essentially a zero score. Consequently, physically handicapped individuals are penalized for lack of ability to perform a particular itme.

Administration

The ABS manual and supporting materials are comprehensive and clear compared with other scales. Criteria for scoring and reference norms for comparison are thoroughly explained.

The ABS is relatively easy to become familiar with and to administer. However, training or experience in the service delivery field would be helpful, particularly for interpretation. A person who is familiar with the test and the client can complete administration in about 20 minutes or less.

Interpretability

The ABS was standardized on an institutional population. Consequently, the normative data provided for comparison may not be particularly useful when the clients are living in the community.

Summary of utility for program planning

The ABS could be used as a gross screening tool for children and for profoundly to moderately retarded adults. The scale is not detailed enough, however, to be useful for setting training objectives. The instrument does not include enough items at the higher end of the scale to be useful with moderately and mildly retarded adults in the community. Further, the ABS was designed for use with an institutional population. It appears to have little utility for use in community-based programs.

BALTHAZAR SCALES OF ADAPTIVE BEHAVIOR FOR THE PROFOUNDLY AND SEVERELY MENTALLY RETARDED: SC^A ES OF FUNCTIONAL INDEPENDENCE (BSAB-1) AND SCALES OF SOCIAL ADAPTATION (BSAB-II)

Balthazar, Earl E.

DISTRIBUTOR

The Guidance Centre
1000 Yonge Street
Toronto, Ontario
M4W 2K8

COSTS

BSAB-I:	Specimen Set (including manual plus sample forms):	$ 7.50
	Rater's Handbook:	$ 4.25
	Scoring Forms -- Package of 25	$ 7.25
BSAB-II	Specimen Set:	$ 5.00
	Complete Kit (manual and material for 25 subjects)	$18.00

DESCRIPTION

Intended Purposes

The BSAB was developed for use with developmentally disabled, mentally retarded or emotionally disturbed persons in the age range 5-57 years. BSAB-I is intended to document and measure self-care behaviours. The BSAB-II is a system devised to measure social behaviours.

Domains

The BSAB-I contains 132 items and 22 subdomains across the four self-help domains of eating, dressing, toileting, and supplementary eating.

The BSAB-II contains 84 items in 20 subdomains to form the basis for measurement along 8 domains: unadaptive self-directed behaviours, unadaptive interpersonal behaviours, adaptive self-directed behaviours, adaptive interpersonal behaviours, verbal communication, play activities, response to instructions, and a personal care and other behaviours checklist.

Procedures

The BSAB can be administered by someone familiar with the client such as a caretaker, parent or teacher who has been trained as a rater technician. It is based on direct observation of the client while engaged in typical daily activities. Observation takes place over several days.

The BSAB is a sequential rating scale in which items are grouped serially from low to high. Each item is rated on a 0-10 point scale, where 0 signifies the behaviour never occurs and 10 signifies the behaviour happens 10 out of 10 times. A score is obtained for each subdomain.

Reliability and Validity Data

Inter-rater reliability data is provided.

REVIEW

Content

The BSAB was not designed to be a comprehensive assessment instrument. Rather, it was constructed to make fine discriminations in the behaviour of severely or profoundly retarded individuals in the areas of eating, toileting, dressing and social behaviour.

The items on both scales appear to be appropriate to the domains being assessed. The developmentaly sequencing of items is excellent. The order of presentation clearly reflects the increasing complexity of the skills being assessed.

The author has provided behavioural definitions and detailed descriptions of items on both scales. The test manual clearly specifies the conditions under which the behaviour should be observed.

The BSAB-I is appropriate for individuals of all ages. The BSAB-II contains some items, notably play behaviours, that would not be appropriate for use with adolescents and adults.

The BSAB does not specify modifications to accommodate physical handicaps. The nature of the test is such, however, that it should be possible to use the individual sub-scales with individuals who have physical handicaps.

Administration

The author's instructions on administration and training are clear and rigorous. The manual emphasizes the importance of pre-testing and training

before actual administration, and administration over days or weeks to ensure that observations are accurate. Some professional training would be useful, although not necessary for individuals planning to administer this test. The raters will require good observation, assessment and interpretation skills. They must be aware of the need for consistency of observations and control of bias. Raters without a professional background should undergo extensive training and be supervised by an experienced professional.

The amount of time required to administer the BSAB will depend on the individual being assessed. Complete administration requires the administrator to sample a variety of behaviours over the period of days or weeks and in a variety of settings.

Interpretability

Each BSAB subscale provides a subscale score. These scores are somewhat difficult to interpret. Percentile norms are available for the BSAB-I. These norms are, however, based on institutionalized individuals and may not be relevant for people living in community settings.

No normative data is provided for the BSAB-II. The author recommends that each setting develop its own set of norms based on assessments of a number of individuals in that particular setting.

Summary of utility for program planning

The BSAB-I appears appropriate for severely and profoundly handicapped individuals from age 5 to adulthood or for younger less handicapped children. It could be used in community residences, developmental nurseries, or life skills programs. The BSAB-II does not appear appropriate for community programs. The test items and instructions are designed for use in an institutional setting.

The BSAB appears to be quite useful for detailed needs assessment and program planning for severely handicapped individuals. The instrument provides fine discriminations in behaviour and clear criteria for success. The scale would probably be most useful if administered after a broader screening instrument had identified particular deficits. The BSAB training manual and administration methods could be very useful in drawing the attention of program staff to the importance of situation or setting in maintaining or changing behaviour. The author stresses extraneous variables which may alter assessment results or change interpretation.

BASIC LIFE SKILLS SCALE, 2nd ed., 1981, (BLS)

Cibiri, S.M. and Jackson, L.J.

Manual and Answer books

Ontario Government Bookstore
Publications Centre
880 Bay Street, 5th Floor
Toronto, Ontario
M7A 1N8

Mail Order: (416) 965-6015
or 1-(800)-268-7540

In Northwestern Ontario: Zenith 67200

Resource Programs and Computer Scoring Forms

Dr. S. Cibiri
Huronia Regional Centre
P.O. Box 1000
Orillia, Ontario
L3V 6L2

COSTS

Manual	$ 4.00
Answer Books	$ .75
Resource Programs	$25.00

DESCRIPTION

Intended Purposes

The original BLS (1976) has now been incorporated into an assessment and programming system designed to provide developmentally handicapped individuals with the life skills necessary for community survival. The scale remains essentially the same as the original version; a computerized scoring system and resource program booklets related to the test items has been developed.

The purpose of the BLS scale is to assess and monitor individual competencies so that appropriate life skills programs can be developed. It can also be used to measure program effectiveness, and staffing/resource needs. The authors warn that the scale cannot be used alone for diagnosis or establishing the degree of retardation.

The BLS was designed for and normed on an institutionalized population aged 5-80 years and including all levels of mental handicaps.

Domains

The BLS is designed to measure those skills considered necessary for community living. Two-hundred and fifty-nine items are divided into three basic sections. Part I (Basic Life Skills) covers 7 domains: motor skills, perceptual skills, self-care skills, communications skills, social skills, community living skills and academic skills. Part II (Personal-Social Behaviours) deals with 11 areas of behaviour considered important in community living. Part III (Moral Awareness) essentially deals with the ability to distinguish right from wrong.

Procedures

No special training is required other than a general understanding of the principles of assessment. The scale can be administered by anyone familiar with the individual's day-to-day functioning. It is possible to administer the full scale or any part of it, and parts can be administered in any order. The authors claim that the complete scale can be completed in about 25 minutes.

Scores range from 0 (physically incapable of performing this activity) to 5 (performs activity independently -- spontaneously or when asked, required no guidance). Raw scores are graphed. These can be converted to an average score for each sub-section and plotted on a summary graph. The scoring booklet also contains sections to describe physical status; current level of service provided; and an assessment of the person's living and program environments.

Reliability and validity data

The BLS was standardized on an institutionalized population including all levels of mental retardation and some Down's syndrome individuals. A brief description of the standardization is included in the manual and full data is published separately. Data is available on inter-rater reliability, test-retest reliability, and external validity.

REVIEW

Content

Items appears to be sequenced and allocated to domains appropriately. As well, item content is suitable to the intended population. The scale is stronger for the severely mentally retarded and we suspect that mildly retarded individuals would attain scores of 4 or 5 on many items on initial testing. This, of course,

would make it more difficult to assess their progress through repeated test administration.

Items are behaviourally defined in the manual. This is successful in some domains (e.g., personal hygiene) where dressing, for example, specifies 20 different skills. Domains such as community skills or domestic skills provide a much broader definition of test items, e.g., "sweep, mop or vacuum the floor"; "know basic principles of proper nutrition (e.g., Canada's food rules)". The clearly defined items are more helpful in IPP construction. Broadly defined items require much more detailed task analysis to facilitate programming.

All items appear to be free of sexual or other bias and are stated in a positive manner.

Administration

The BLS can be administered by anyone who knows the individual well. Allowance is made for non-verbal responses. However, no accommodation is mentioned for other handicaps aside from a score of zero for someone physically incapable of performing an activity. This could produce a somewhat misleading profile on some seriously physically handicapped individuals.

The new manual is complete and easy to follow, and emphasizes the scale as only part of an overall programming system.

Interpretability

The end result of the rating scale is a graph of scores for each item. This profile of strengths and weaknesses in each domain assessed indicates areas where program is needed. The summary or average score for each domain is useful for a quick overview, but is really more appropriate for general program assessment or research purposes.

Caution is required in interpreting scores of 0 for the physically handicapped. These could be misleading. As well, one needs to remember that the scale was standardized by an institutionalized population. Thus, the scores represent a comparison of an individual with other institutionalized persons.

The resource program material now available goes some distance in providing the kind of task analysis necessary to translate item scores into programs.

Summary of utility for program planning

The Basic Life Skills Scale is appropriate for assessing the acquisition of life skills by institutionalized individuals. It is most useful for the more severely retarded as many mildly retarded individuals may initially attain fairly high scores

on many items. The resource program materials provide the kind of task analysis necessary to specify good IPP's from the benchmark items of the scale. Caution must be exercised in interpreting the scale for the physically handicapped and for non-institutionalized populations on which it has not been standardized.

THE BAYLEY SCALES OF INFANT DEVELOPMENT

Bayley, Nancy

1969

The Guidance Centre
1000 Yonge Street
Toronto, Ontario
M4W 2K8

Phone: (416) 978-3206

COSTS

Complete set, with manual, 25 of each record form, & case	$365.30
Manual	19.85
Package/25 of each of 3 record forms	21.40

DESCRIPTION

Intended Purposes

The Bayley Scales consist of three complementary parts: the Mental Scale, the Motor Scale, and the Infant Behaviour Record. The Bayley is intended to provide a clinical evaluation of a child's developmental status. It is suitable for children from 2 to 30 months of age.

Domains

The Mental Scale is designed to assess the child's: sensory-perceptual acuities and responses; early awareness of "object constancy"; ability to remember and learn; vocalization and early attempts at verbal communication; and early efforts to generalize and classify.

The Motor Scale is designed to assess the child's: general body control; ability to coordinate large muscles; and skills in the fine manipulation of hands and fingers.

The Infant Behaviour Record contains a series of descriptive rating scales to be completed by the examiner following evaluation of the child with the Mental and Motor Scales. Among the behaviours rated are: social orientation, object orientation, goal-directedness, general emotional tone, interest in sensory areas, activity, re-activity, cooperativeness, fearfulness, and endurance. The IBR also provides for the recording of other qualitative observations which may be of clinical significance.

Items are developmentally sequenced based on extensive research. The number of items depends on both basal and ceiling ages.

Procedures

The manual states that examiners should have some background in the theory of measurement and interpretation of test results. Training and practice are required for the administration of the Bayley.

Test procedures are similar to those used on the Stanford-Binet Intelligence Test for children. The basal age is the item preceding the earliest failure; the ceiling is reached with the item representing the most difficult success.

The Mental and Motor Scales are administered with the mother present. The aim is to get the maximum or the best performance possible from the infant. According to the manual, any relevant behaviour directly observed by the examiner is scorable, even if observed outside the examination room. Items are checked "pass" or "fail". Under "other", the examiner can record 0 = omit, R = refused, or RPT = reported by mother. Only items passed are included in the total score.

By reference to norms based on normally developing children living at home, an age equivalent is determined. The Mental Scale yields the MDI (Mental Development Index); the Motor Scale yields the PDI (Psycho-motor Development Index). The authors caution that the age equivalent must not be converted into an I.Q. score. The Mental and Motor Scales can be given in 45-75 minutes. The IBR is completed after these examinations and no time is given for its completion.

Reliability and validity data

Extensive reliability and validity data is available. Some of it is included in the manual. Much more is available in the literature.

REVIEW

Content

The items of the Bayley are carefully developmentally sequenced and appropriately assigned to domains. Expected behaviours are clearly defined in the manual. The scale is not designed to be given in segments related to one area of development, e.g., communication. The Bayley Scales require that the infant have visual, physical and some communications/speech skills. Modification is required for the deaf.

Administration

Administration takes considerable training and practice to: determine the appropriate starting point so that a basal age is obtained; to remember to note the behaviours observed, and thus scorable, outside the examination room; and to become familiar with items identified with the Situation Code and thus scorable at different age levels.

The examiner needs to be comfortable and experienced at establishing rapport with the infants and constantly alert to the mother's behaviour so that it does not interfere with test procedures. The examiner is encouraged to adapt the order of administration of items to the child's responsiveness in order to maintain rapport.

Interpretability

The basic results of the Bayley are the MDI and the PDI scores which can be converted to age equivalence. These scores are based on standardization data on normal children living at home. The mean of the standard scores is 100, with a standard deviation of 16. The authors note that "scores for exceptional children falling above or below the range of scores from 50-150 should be reported as 'above 150' or 'below 50".

The author is appropriately cautious regarding the use of the Bayley with exceptional children, including the mentally retarded. The manual notes that examiners "should take into account the well-known fact that the functional abilities of exceptional children have patterns very different from those of normal children having the same raw scores. The examiner of exceptional children will probably wish to supplement the score or age equivalent with a careful qualitative study of the test protocol in order to observe the particular areas of strength and weakness". No guidance is given in the manual for such interpretation which is essential to IPP construction.

Summary of utility for program planning

In view of the author's cautions, the Bayley is not particulary suitable to IPP construction, unless one has considerable background in task analysis and child development. The examiner must do a functional analysis of test performance to derive the strengths and needs assessment suitable for programming. The manual provides no instruction as to how this is done.

The Bayley Scales do provide benchmarks for child development, and these are useful as an initial indicator of delay in specific developmental areas. However, programming requires additional behavioural measures, good observational skills, and a thorough knowledge of infant development.

BRIGANCE DIAGNOSTIC INVENTORIES

I EARLY DEVELOPMENT (BIRTH - 7 YEARS)

II BASIC SKILLS (KINDERGARTEN TO GRADE 6)

III ESSENTIAL SKILLS (GRADES 7-11+)

Brigance, Albert

1978

Michael Preston Associates
94 Asquith Avenue
Toronto, Ontario

Phone: (416) 925-3577

COSTS

Inventory of Early Development	$54.95 U.S.	$67.59 Can
Inventory of Basic Skills	54.95 U.S.	67.59 Can
Inventory of Essential Skills	99.00 U.S.	121.77 Can

Introduction

The Brigance Diagnostic Inventories represent a multi-purpose assessment tool. The inventories are intended to assess developmental or performance level of a client; identify strengths and needs; identify instructional objectives. Because the objectives are stated in functional and measurable terms the inventories can provide an instructional guide. Results are interpreted in graphic form and can provide an on-going specific record-keeping and tracking system. According to the authors, Brigance Inventories are a tool for developing and communicating an IPP and a resource for training parents and professionals in child growth and development.

I BRIGANCE DIAGNOSTIC INVENTORY OF EARLY DEVELOPMENT (Birth - 7 years)

DESCRIPTION

Intended Purposes

This tool was designed for use in programs for infants and children below the developmental age of 7 years. The scale is criterion-referenced. It identifies the present level of performance in each skill area. The inventory is based on observable functions, sequenced by task analysis, and correlated with child development and curriculum objectives. It can be applied directly to individualized instruction.

Domains

The Inventory consists of 98 sub-tests (skill sequences) from birth to the developmental age of 6 years, and organized into the following categories: pre-ambulatory motor skills and behaviours; gross motor skills and behaviours; fine motor skills and behaviours; self-help skills; pre-speech; speech and language skills; general knowledge and comprehension; readiness; basic reading skills; manuscript writing; and math.

Procedures

The Inventory does not require specialized training in testing, but ideally, the examiner will have some training in child growth and development in early childhood curriculum planning. Most of the assessment procedures can be done by paraprofessionals with professional supervision. Materials used are familiar to the child and commonly found at home or school.

The author suggests that the inventory is too comprehensive to be administered in its entirety. It is designed to allow for the selection of appropriate skill sequences related to the reasons for assessment. The assessment is begun by selecting the level about one year below the observed behaviour of the child. For example, if a child appears to be about three years old developmentally, the test is begun at the 2-3 year level; then skills are assessed at a higher and lower level to validate your choice.

The examiner is encouraged to select the best assessment method from parent interview, observation, formal and informal procedures. For each skill area, various appropriate assessment strategies are suggested.

Since the Inventory is not norm-referenced, examiners are encouraged to modify procedures, as long as they do not involve "coaching", in order to accommodate a shy or inexperienced child, language problems, or handicaps. If a

skill is omitted or skipped (due to handicap or any other reason) it is initialled DNA (did not administer). Results are recorded by circling the number of each skill the child masters. Colour code is used to identify each progressive assessment. The developmental age is indicated in six month intervals beside the skill items as a rough guide to the examiner. An optional bar graph is included to record the developmental age of the child.

For each test item a criterion question (CQ) is given but the examiner is encouraged to adapt the question to the situation. Each item is carefully behaviourally defined and for some items illustrations are given on a facing page.

The Brigance can be administered in the home, school, or any natural setting for the child. The time required to administer the Brigance depends on the number of areas assessed. It cannot be administered in one sitting.

Reliability and validity data

The Brigance was standardized on a normal population and is cross-referenced to the literature on child development and standard school curriculums.

REVIEW

Content

Items are well sequenced within appropriate domains. Each item is behaviourally defined in objective terms with a criterion question and additional notes regarding the precise behaviour required. For infants, some behaviours are illustrated.

The Brigance is very sensitive to sexual and cultural bias, and reminders are included for items where such biases are most likely to occur. The test is constructed so that it emphasizes the similarities between handicapped and normal children. Suggestions are made for dealing with children whose first language is not English.

Administration

The amount of information contained on each page of the Brigance is almost overwhelming. The instructions are rigorous in their detail, and items are cross-referenced to normal developmental ages and related literature. Although no special credentialing is required to use the scale, it would take considerable time and training to become familiar with the test and so to make use of all the information available.

Interpretability

The Brigance was developed specifically to inform programming. It is not intended to identify, certify or classify individuals. No "scores" are provided. As a tool for IPP construction, it largely succeeds. Items are sufficiently detailed to be translated into programs. Items are also norm-referenced, which helps to keep a perspective on progress as related to normal development.

The Brigance is for the most part, a criterion-referenced instrument, an advantage in determining precise program objectives. The scale is not designed to be given in its entirety; rather, the examiner should pick and choose areas relevant to the presenting problem. The scale is not appropriate to the severely/profoundly mentally retarded or to the multi-handicapped person.

Summary of utility for program planning

The Brigance Inventory or Early Development is a sensitive tool for program planning and IPP construction. It can be used with children in any natural setting. It can be administered by anyone who takes time to familiarize themselves thoroughly with the test. Assessments can be formal or informal, and the results clearly inform programming. The Brigance is criterion-referenced instrument but it also allows for comparisons with normal child development. Provision is made for stating program objectives; for follow-up assessments; and for recording group scores for program evaluation.

II BRIGANCE INVENTORY OF BASIC SKILLS (Kindergarten - Grade 6)

DESCRIPTION

Intended Purposes

The Inventory of Basic Skills was designed to assess basic readiness and academic skills and to provide a systematic performance record to help teachers define instructional objectives and plan individualized educational programs. It is designed to answer the key question: has the student mastered this skill adequately, or is additional instruction needed?

Domains

The Brigance includes 141 sub-tests covering readiness, reading, language arts and mathematics. The examiner chooses sub-tests relevant to the presenting problem. Content and sequences were determined by text-referencing of more commonly used school texts. Some readiness tests (e.g., visual motor) were referenced to commonly used developmental scales.

Procedures

The author recommends that testing begin at the level where it is anticipated the student can experience success at least 90% of the time. Testing is continued to find a basal level (100% correct) and a ceiling (no successes). Some tests are timed. Scores obtained can be converted to grade levels on some tests. A notebook is designed to lay flat on the table between the examiner and the student. It includes the directions for administering each sub-test, the test items, scoring criteria, and instructional objectives in behavioural terms.

The student's responses are recorded by the examiner in a record book, using a different colour each time a test is administered. A grade-level profile is charted after each administration to provide a graphic summary of student achievement. Observations of student behaviour can also be noted. Although precise administration directions are given, the teacher or examiner is encouraged to adjust the assessment procedures to meet the needs of the student. The main question addressed is whether or not the student has mastered a particular skill.

Reliability and validity data

This scale was field tested on regular classes, special education classes, and native Indian classes in the U.S.A. No reliability or validity data is available at present.

REVIEW

Content

Items are appropriate to most school curriculums and cover a wider range of academic activities than most other available instruments. The large range of sub-tests allow a teacher to zero-in on a particular problem area.

Administration

The manual is well-organized, clear and well-written. As with the other Brigance scales, the amount of information available to the examiner is almost overwhelming. Mastery of such information would require considerable time to become completely familiar with the test.

Starting points on some sub-tests are unclear, and ceilings can be arbitrary. There is little room on the record book to record observational data or to complete an error analysis. A non-response is recorded as a failure. The addition of observational data might help to explain the non-response in some cases.

Interpretability

The Brigance is a criterion-referenced test; derived scores such as age norms or percentiles, which allow comparison of students, are not provided. However, the initial sub-tests in oral reading, spelling and math do provide quick grade level scores.

For each sub-test, an objective is written on the test page; the teacher fills in the criterion. All objectives are specified in terms of quantity. For example, "increase the number of initial consonant sounds substituted from _____ to _____". Stating an objective in purely numerical form does not provide the necessary error analysis which would inform programming so that this objective can be reached. For this, the scale relies on the skill of the teacher.

Summary of utility for program planning

The Brigance Diagnostic Inventory of Basic Skills provides a wide ranging, very detailed examination of school-related skills. Assuming that the teacher is competent at error analysis, the Brigance is detailed enough to lead directly to an educational plan. As well, the grade level scores in reading, spelling, and math add to the Brigance's usefulness as a screening device. The record book allows for multiple administrations of the Inventory and provides a continuing record of student progress.

III THE BRIGANCE INVENTORY OF ESSENTIAL SKILLS (Grades 7-11+)

DESCRIPTION

Intended Purposes

This Inventory is divided into two major parts: Basic Academic, and Applied Skills. Although designed primarily for use in secondary schools serving students with special needs, the Applied Skills section could be useful in community residences or workshops. The author claims that the scale assesses skills that are relevant and essential to assure the student's success as a citizen, as a consumer, as a worker, and as a family member.

Domains

One-hundred and ninety-one sub-tests are divided in 26 domains. The first 20 domains cover Basic Academic Skills; the last 6 are Applied Skills, including the areas of self-care, vocational, and community living skills.

Procedures

Like the other Brigance scales, this Inventory can be administered in a variety of natural settings by anyone familiar with the student. Scoring is done in the same manner as the other Brigance scales and program objectives are written in the test record book. Some sub-tests are specially marked as allowing for an oral or written response. Some are rating scales done by a third party.

Reliability and validity data

The Essential Skills Scale was field tested in various special education programs at the secondary level. No reliability and validity data are available at present, although the author comments that the validity of rating scales depends on the objectivity and accuracy of the rater.

REVIEW

Content

Items are appropriate to the mild or moderately handicapped individual who might be in an academic or life skills program. The Scale succeeds in addressing even a grade two level of reading with materials of interest to an adult. Provision is made for grade-level scores in reading and math. Unfortunately, traffic and safety signs are provided only in written form which means that the visual cues of shape and colour are missing. Money, of course, is American.

Administration

The examiner can pick and choose sub-tests appropriate to the client's program. Tests are administered in the same manner as the other Brigance scales using written and oral responses and rating scales. Some sub-tests rely on a fairly high reading level, but could be administered orally by an examiner.

Interpretability

Like the other Brigance Scales, performance is largely criterion-referenced. The amount of detail in each sub-test is a definite advantage in leading directly to IPP construction. As the author notes, rating scale scores are dependent on the objectivity and accuracy of the rater, and multiple raters would be advisable. The criterion program objectives are quantitative and detailed program plans rely on error analysis by the exmainer.

Summary of utility for program planning

The Brigance Inventory of Essential Skills is very detailed and wide ranging and thus is a very useful tool for program planning with mild or moderately mentally retarded adults. The materials are appropriate to adults, even those at a very low reading level. However, as with the other Brigance scales, no provision is made for the multiply handicapped adult. Users would be encouraged to discover suitable adaptations for this client group.

THE CALLIER-AZUSA SCALES

Stillman, Robert

DISTRIBUTOR

The University of Texas at Dallas
Callier Center for Communication Disorders
1966 Inwood Road
Dallas, Texas
U.S.A 75235

COST

Can be obtained at no cost through the Callier Center

DESCRIPTION

Intended Purposes

The Callier-Azusa Scale was designed specifically to aid in the assessment of deaf, blind, moderately, severely and profoundly handicapped children.

Domains

The 249 items on the scale are organized into five domains and 17 subdomains. The domains are: motor development, perceptual development, daily living skills, cognition, communication and language, and socialization.

Procedures

This test is designed to be administered by anyone with good observational skills and a thorough knowledge of the child's behaviour.

Administration of the Callier-Azusa Scale is based on direct observation in natural settings. The authors suggest a minimum two weeks of observation before the scale is completed.

Items are scored as "attained" if they are integrated components of the child's usual behavioural repetoire. They are scored as "not attained" if the behaviour is a emerging or the child requires coaxing to perform it.

This scale is designed to measure developmental progress by comparing the child against himself or herself rather than the norm. Consequently, no summary score is computed. Rather, the administrators' observations are converted directly to a developmental age for each subdomain by noting observed behaviours on the score sheet.

Reliability and Validity Data

Some reliability and validity information is available.

REVIEW

Content

The Callier-Azusa Scale provides an excellent basic assessment of the development of deaf, blind individuals. The scale provides behavioural specifications for development sequences in motor development, perceptual abilities, daily living skills, language and socialization. In general, the behaviours are appropriate to the domains in which they have been placed, although some overlap occurs between domains. The test items are presented in the order that they have been observed to occur in the development of deaf/blind children. These sequences are based on relatively scanty information and the authors state that the age equivalencies for specific behaviours are subject to debate. The authors point out that distributing behaviours among independent subscales is somewhat artificial.

The items are explained in detail, with behavioural examples provided. The responses are not, however, well-specified considering the target population of this instrument. For many of the items, the behavioural description of the required response is very similar to that found on checklists designed for children without visual or hearing impairments. The manual does not describe the minute behaviours such as eye movement or slight head turnings that one should be observing in hearing or visually impaired children.

Administration

Instructions for administration are provided in the test manual and sufficient with practice. Instructions for rating do not include sufficiently detailed descriptions of the types of behaviours that would be displayed by deaf/blind children.

This test is specifically designed for visually and hearing impaired children. In addition, the authors have prefaced some items with "may". These items depend on the intactness of specific sensory systems for performance. The rater judges whether or not a child should be expected to exhibit these behaviours.

Administration of the instrument is simple and requires no particular training. The administrator must, however, have good observational skills, be very familiar with the child, and be experienced in working with visually and/or hearing impaired children.

Once the observational period of two weeks has been completed, approximately 45 minutes to two hours may be required to complete the instrument.

Interpretability

Results are reported on a one-page summary with age equivalencies. This does allow a quick and easy look at the child's progress. The age equivalencies for specific behaviours are a subject to debate and interpretation should focus on the amounts of development rather than on the developmental age of the child.

Summary of utility for program planning

This Callier-Azusa is most appropriate for hearing and/or visually impaired children functioning below the developmental level of 7 years. It could appropriately be used in infant stimulations programs, a developmental nursery, an integrated day care setting or in the child's home or residence.

This instrument provides a detailed assessment of the basic developmental levels, particularly at the lower end of the developmental sequence. The test items could appropriately be used to establish specific training objectives and individual program plans.

THE DALE SYSTEM

Barber, Gertrude; Mannino, John and Well, Robert

DISTRIBUTOR

The Dr. Gertrude Barber Centre
136 East Avenue
Erie Pennsylvania
U.S.A. 01657

COST

	U.S. Funds
Manual:	$ 6.50
Therapists Handbook:	$ 3.00
Level I Inventory:	$ 2.50 ea
Level II Inventory:	$ 2.50 ea

DESCRIPTION

Intended Purposes

The DALE System consists of two checklists designed to be used as part of a system which includes techniques for individual program planning. The Level 1 checklist includes tasks which reflect the functions of those individuals whose mental abilities are within the profound to severe range. The Level 2 checklist includes behaviours which are of a higher functioning nature and generally concerned with actual community living skills as well as self-help.

Domains

The Level 1 checklist covers the following domains: sensory motor, language, self-help, cognition and socialization. The Level 2 checklist includes: personal hygiene, personal management, communications, residence-home management and community access.

Procedures

The DALE System is designed to be used by program staff. The checklist is completed through interviews with those familiar with the client and through direct observation.

Two types of scores are utilized in rating every item on the inventory: a quantitative score and a qualitative score. The quantitative score indicates the approximate frequency of the response ranging from "never responds" to "responds nearly all the time". Items can also be scored "not applicable", "never observed" or "incapable of responding" due to some handicap.

The qualitative ratings indicate the quality of response relative to the desired behaviour. They range from "unwilling to repsond" to "generalizes a learned response" to a situation other than the training situation.

Once a client is rated on each item, progress is plotted on a circular chart which includes all items in the inventories. Skills, as acquired, are shaded on the chart to provide staff with a quick picture of strengths, weaknesses and progress.

Reliability and Validity Data

Reliability and validity studies are not reported in the manual.

REVIEW

Content

The DALE appears useful as a broad screening assessment tool but the level of detail within various domains is uneven. Some domains (e.g., bathing, drinking) are quite detailed, others are more sketchy (e.g., social relationship). In general, the content and breadth of Level 2 of the inventory (for higher functioning clients) is more useful and detailed than Level 1. Level 1 does not appear to be detailed enough for severely or profoundly handicapped individuals.

The items on the checklist are not criterion-referenced and the behavioural explanations are not well-defined in many areas. This is particularly notable in the social relationship area. The sequencing of items appears to adequate. The DALE was designed for use with adults and the items appear to be appropriate for that age group. Some of the items are, however, biased and outdated (e.g., sets hair with rollers/curlers, applies make-up properly).

The scoring system does allow for other handicaps, but the authors do not make suggestions for modification of the checklist items.

Administration

The checklist and scoring system are clearly described and appear easy to use. The items themselves, however, are not always well-defined and allow considerable scope for rater interpretation.

Extensive training does not appear necessary to use this instrument. Staff would have to administer the instrument together several times, however, to achieve consistency in use of the scoring system. This checklist appears as if it could be completed within an hour.

Interpretability

The circular chart is a format which is used on several other assessment instruments. Program staff find that this type of display gives them a quick picture of strengths, weaknesses and progress.

Summary of utility for program planning

The Level 1 checklist does not appear too appropriate for use with the severely and profoundly handicapped. The items are not broken down in sufficient detail. The Level 2 checklist does appear useful for higher functioning individuals.

This instrument could appropriately be used in a community residence or perhaps a life skills program.

The authors suggest the DALE be used as a part of system which includes techniques for goal planning. They offer forms to help in this process, including a list of strengths, a goal plan and a participation contract. The qualitative ratings and the frequency of response ratings should assist program staff in identifying what type of approach will be required to develop a particular behaviour. The major weakness of this instrument for program planning is that the items are not sufficiently detailed.

INITIAL COMMUNICATION PROCESSES

Schery, T.K. & Wilcoxen, A.G.

Publishers Test Service
CTB/McGraw-Hill
2500 Gander Road
Del Monte Research Park
Monterey, California
U.S.A. 93940

1982

COSTS

Starter Set (Manual, Objectives Bank, Scales, Program Monitoring Log)	$24.95 U.S.
Manual	7.90 U.S.
Objectives Bank	9.75 U.S.
Scales	5/10.25 U.S.
Progress Monitoring Logs	20/10.00 U.S.

DESCRIPTION

Intended Purposes

This is a criterion-referenced instrument intended to assess early communication processes for at-risk children and handicapped pupils functioning below the developmental age of three years.

It can be used with children or delayed adults who may be autistic, severely or profoundly retarded, multiply handicapped, including deaf/blind, or learning disabled.

Although it can be used for screening, it is primarily designed as a detailed functional assessment instrument. The accompanying Objectives Bank clearly spells out the goals and procedures for IPP development.

Domains

Communication is broadly interpreted and 250 items are divided into the following domains: auditory skills; visual skills, manual fine motor skills; oral vocal motor skills; manipulative object play skills, symbolic object play skills; problem-solving skills; affective development; communication skills (comprehension and expression).

Five scales were found to be developmentally sequential: auditory skills, oral vocal motor skills, object play skills (manipulative), and communication skills (comprehension and expression). Although the other 5 scales showed evidence of developmental sequencing, the progressions are not as precise.

Procedures

Initial Communication Processes is designed to be administered by anyone who has worked with a client on a daily basis for at least two weeks. Parental involvement is encouraged. No special training is required. Administration of all the scales takes about one hour and twenty minutes spread over a period of up to three weeks.

If a behaviour has been observed on 80% of appropriate occasions in the past, it is scored as "+". If not, it is scored as zero (0). For infrequently occurring behaviour, or situations where the opportunity for the behaviour to occur must be structured into the client's schedule, 2 out of 3 appropriate responses are scored as a "+".

Simple scoring systems are spelled out which take account of developmental behaviours which are replaced at a higher level. Modifications are indicated for blind, deaf and motor impaired individuals. Screening items are designated for those subscales which are in sequential developmental order with the author's caution that the other five scales should be administered in their entirety, even for screening.

The total number of "+'s" is tallied for each scale and along with the estimated mental age, can be converted into a profile comparing the client to others in his disability group so that relative strengths and weaknesses can be determined.

Each test item is cross-referenced to citations from the normal developmental literature indicating the age range of individual items. Each item is also referenced to the Objectives Bank from which suitable instructional objectives can be chosen.

Reliability and Validity Data

Reliability and validity data and normative data are included in the manual as well as a very complete description of the test development.

REVIEW

Content

This instrument recognizes the role of sensorimotor and perceptual behaviours in early symbolic and communicative patterns. It succeeds in measuring very small increments in the requisite behaviours for severely handicapped individuals.

All items are clearly and objectively defined with very precise instructions for observation and for subsequent instruction. Items appear appropriate for the target populations and are proven to be developmentally sequenced. Modifications are specified for those with various physical handicaps, and arrangements made to account for behaviours not currently visible. Both the wording of the items and the scoring system contribute to a very positive orientation to the client.

Administration

All the information necessary to administer this instrument is clearly spelled out in the manual. No special training is required to administer or interpret the results. With the assistance of some information from a parent or long-term caretaker, anyone familiar with the client can administer the test in a short period of time, preferably in the location where the client spends most time.

Interpretability

It is possible to construct a profile from the scale scores and to compare the profile to a group profile from a similar population. Group profiles are available for autistic, multiply handicapped, severely/profoundly retarded and trainable mentally retarded pupils by two mental age groupings: M.A. = 0 -2.0; M.A. = 2.0 - 3. The authors urge caution in these comparisons as the group data is based on field tests. This feature of this test is fruitful for program planning. However, the cross-referencing of each item to normal developmental literature allows one to compare an individual's performance to the normal developmental age. If normalization is the goal, this can be quite helpful.

The best feature of Initial Communication Processes is that each item can be cross-referenced to the Objectives Bank and very simply converted to an IPP. A Progress Monitoring Log, also included in the test package, allows for the simply recording of progress on each objective.

Summary of utility for program planning

This new instrument fills a void in the assessment of communication processes of persons functioning at a very low level. It is based on the latest research on communication processes and test construction. It accommodates the autistic, the motor impaired, deaf or blind individual. It can be used for screening, but it is primarily designed to facilitate IPP development. It is a simple, sensitive, criterion-based instrument which can be administered with ease and efficiency on location. It's primary advantage is that it is indexed to the Objectives Bank which facilitates the development of IPPs. Record keeping is simple, yet precise.

Initial Communication Processes is an instrument which will be welcomed by those working with the most severely handicapped and by those who have limited access to speech pathologists who can monitor progress in the communications area.

THE MILANI COMPARETTI MOTOR DEVELOPMENT SCREENING TEST

Trembath, Jack; Kliewer, Duane; Bruce, Wendy

DISTRIBUTOR

Meyer Children's Rehabilitation Institute
University of Nebraska Medical Centre
Omaha, Nebraska 68131

COSTS

No Charge

DESCRIPTION

Intended Purposes

The Milani-Comparetti was designed for early identification of developmental delay. It provides a simple, rapid neurodevelopmental screening examination for children under two years of age.

Domains

The Milani Comparetti evaluates early motor development only.

Procedures

According to the administration manual, the Milani-Comparetti can be used by physicians, therapists, nurses or physician's assistants. The test is based on direct observation of the child's behaviour. Parental reports may be used to supplement direct observations.

The test is scored graphically on a profile sheet. The age at which a particular response is expected to be present is shown by shaded areas. Stick figures and arrows are used to indicate responses which emerge or disappear gradually.

The child's age in months is used to score each item tested. The child's actual age is placed on the graph in the position corresponding to his/her performance on each test item.

No summary score is computed. Rather, the examiner compares the child's performance on each item with the expected performance.

Reliability and validity data

No reliability or validity data are provided.

REVIEW

Content

The content of the Milani-Comparetti reflects its purpose -- a quick screening device for assessing motor development. Motor responses are assessed in sufficient detail to detect delays or abnormalities. The authors stress that further assessment should be done if the child's development is atypical. Behaviours in other domains are not assessed.

This test is unusual in that it discusses behaviours such as stepping, that are present early in infancy, disappear and re-appear in a mature form. Persistance of an early reflex can indicate a developmental problem but this is often not assessed by general tests of infant development. The test also discusses the effect of pre-maturity on motor development.

Administration

The instructions for administration are clear. The authors describe various ways to elicit the desired behaviours. They provide good descriptions of expected behaviours. Line drawings of administration procedures and responses supplement the written instructions.

More information on what constitutes an abnormal response would be useful. For example, the administrator is instructed to observe and record asymmetrical reactions, yet not illustrations of these are provided.

This test could be administered by any one who is very familiar with normal infant development. Staff who are going to use this test should either have professional training and experience in child development or they should be taught proper administration by an experienced professional. Untrained staff would not be able to use the test appropriately simply by reading the administration manual.

Interpretability

The graphic profile makes interpretation of this test quite straightforward. The authors recommend repeated testings at key ages. When repeated assessments consistently show atypical development, the child is referred for a thorough motor assessment and neurological examination.

Summary of utility for program planning

This test could appropriately be used as a monitoring instrument for an infant stimulation program. Because the test is intended as a screening device only, it does not provide programming suggestions. If a child shows a delay on the test, a more thorough assessment would be needed to develop training and habilitation approaches.

MID-NEBRASKA MENTAL RETARDATION SERVICES THREE TRACK SYSTEM: BASIC SKILLS SCREENING TEST AND REMEDIATION MANUAL; INDEPENDENT LIVING SCREENING TEST AND TEACHING MANUAL; VOCATIONAL TRAINING SCREENING TEST AND TEACHING MANUAL

Schalock, Robert and others

DISTRIBUTOR

Mid-Nebraska Mental ReTardation Services
522 East Side Blvd.
P.O. Box 1146
Hastings, Nebraska
U.S.A. 68901

COSTS

Basic Skills Sets	$30.00 U.S.
Community Living Skills Set	$35.00 U.S.
Vocational Training Set	$35.00 U.S.

DESCRIPTION

Intended Purposes

The Mid-Nebraska Three-Track system is a set of three related scales designed for use in assessing the different stages of a client's developmental functioning. The Basic Skills Screening Test is geared towards lower functioning clients who need remediation in the basic behavioural domains of sensory motor functioning, auditory and visual processing, language, symbolic operations, and social emotional behaviour. The Independent Living Screening Test and its teaching manual are geared to those individuals who are currently being trained in independent living. The Vocational Training Screening Test and teaching manual are designed for individuals who are being trained for competitive employment.

Domains

The Basic Skills Screening Test covers 7 domains: sensory motor functioning, visual processing, auditory processing, language, symbolic operations, social emotional development and work skills.

The Independent Living Screening Test assesses behaviour in 9 domains: personal maintenance, clothing care and use, home maintenance, food preparation, time management, social behaviour, community utilization, communication and functional academics. The nine domains are further broken down into 26 subdomains.

The Vocational Training Screening Test measures behaviours in five domains: job-related skills, responsibility toward work, work performance, behaviour in a job situation, and personal appearance.

Procedures

The Three Track System can be administered by program staff. The individual is tested in a setting specially prepared for assessment. Some items are completed after observation of the client performing typical activities within a clinical setting.

All three tests are criterion-referened, with each item scored on a mastery/non-mastery basis. he criterion for attaining mastery is "passing" 80 to 90 per cent of the attempted trials or possible correct responses for an area.

No summary scores or numerical ratings are involved in using any of the tests. Test results are recorded on a circle graph, (Baseline and Skill Acquisition Record) which displays behaviours from each of the three screening tests. If pass criteria is not attained for a particular behaviour, it is considered to be a training need. After a training program, target behaviours are re-evaluated using the original evaluation procedure. Once a client meets the criterion for a particular behaviour, the circle graph is modified and training then focusses on other target behaviours.

Reliability and Validity Data

Inter-rater reliability data is provided. Validity studies were conducted to measure content validity and predictive validity.

REVIEW

Content

Each of these screening tests seems very thorough in covering its respective domains; however, the tests do not claim to be comprehensive. In fact, throughout the tests, other diagnostic tools such as a specific in-depth audiology or language instrument are referenced for the user should further testing of the trainee be necessary.

Each instrument is developmentally sequenced. Furthermore, each of the screening tests and remediation manuals is intended to follow the sequence of development from basic skills to competitive employment.

The authors of these tests have clearly made an effort to include tasks and materials that are appropriate for use with adults. They have also attempted to avoid sensitive sterotypes and biases and have, by and large, succeeded. There are, however, some sexual biases remaining that may be offensive to some individuals. For example, women are taught to put on make-up and shave their legs to enhance their personal appearance.

Administration

The evaluation procedures and pass criteria in the tests are very specific and clearly stated. An explicit evaluation procedure for target behaviours and pass criteria are stated for every target behaviour in each of the three assessments. For example, an item on the Competitive Employment Screening Test is as follows: "Place 10, one-quarter inch bolts next to 10, one-quarter inch nuts and instruct "screw the nut on the bolt; demonstrate once". To pass the target behaviour, the client must pick up 9 of 10 using a pincer grasp and assemble 9 of 10 correctly. (Materials for the evaluation procedures are required but not supplied by the authors or publishers.)

These tests could be administered by program staff with training or experience in the service delivery field. Training and practice relative to the administration of the tests themselves, however, seems necessary for successful use of the instrument. The evaluation procedures cover a wide array of performance based techniques, such as involving clients in skill demonstration, role play, simulation exercises and on-site observations. Because the tests are based on careful observation under clearly specified conditions, extensive practise appears necessary.

The time required for administration is not readily apparent but would seem to vary among individuals being tested. A complete assessment with one of the scales would appear to require several hours spread over several weeks. After the initial assessment, however, reassessment would be required only on those behaviours targeted for remediation.

Interpretability

The three screening tests do not provide a numerical score or rating. Rather a circle graph depicts assessment results. This graph is simple to read and use.

Target behaviours identified in the screening test are related directly to specific teaching objectives described in the remediation manuals. Remediation activities, techniques and materials are described for each of the behavioural

objectives. The results from the three screening tests are therefore very easy to relate to prescriptive programming needs.

Summary of utility for program planning

The three screening tests are intended for use with adults 18 years of age and older. The Basic Skills Screening Tests could probably be used with severely handicapped individuals. The Independent Living Screening Test seems most appropriate for individuals with moderate, mild and borderline levels of retardation. The Vocational Training Screening Test is most appropriate for those who are mildly handicapped.

The Screening Tests could be used with individuals who are non-ambulatory or non-verbal. Modifications and adaptations would be necessary, however, for successful assessment of individuals who are deaf or blind.

The Three Track System was designed for use in community-based programs. The Basic Skills Screening Test would appropriately be used in residential settings, life skills programs, or job training programs. The Independent Living Test would be useful in group homes or apartment programs. The Vocational Training Screening Test would be useful at a job assessment and training centre. It could also be used to assess individuals who are undergoing on-the-job placement.

The three screening tests, remediation manuals, monitoring graphs, and prescriptive programming forms appear to be very useful in the development of individual program plans. Evaluation procedures and mastery criterion are provided for each test item. If a client requires training on a particular skill, the remediation manual provides teaching objectives and suggests teaching techniques and materials. Although the activities found in the manuals are suggested ones only, they provide the trainer with a base from which devise supplemental activities which are meaningful to the client. In addition, the manuals provide general guidelines for conducting training sessions. The Three Track System as a whole is a thorough and successful effort to link assessment and training.

OBJECTIVE BEHAVIORAL ASSESSMENT OF THE SEVERELY AND MODERATELY MENTALLY HANDICAPPED: THE O.B.A.

Hardy, L., Martin, G., Yu, D. Leader, C., and Quinn, G. (University of Manitoba and the Manitoba School)

Charles C. Thomas
Publisher
2600 South First Street
Springfield, Illinois
U.S.A. 62717

1981

COSTS

Specimen Set $14.75 U.S.

DESCRIPTION

Intended Purposes

According to the authors, the O.B.A. provides an objective functional assessment of self-care, social, sheltered domestic, pre-vocational skills, and sheltered work performance of severely and moderately mentally handicapped individuals. It was deigned to improve the objectivity of existing tests and to be used either as a direct testing or as a rating scale.

The instrument is not age related in any way and the authors do not make any claims as to age-appropriateness. Clearly, it does not apply to infants as the earliest items deal with toileting and dressing. The instrument is designed to assess and evaluate for placement in programs and to aid in the construction and evaluation of IPP's.

Domains

The O.B.A. consists of 207 objectively defined items covering 6 domains: basic self-care, social skills and advanced self-care, sheltered domestic skills, pre-vocational motor dexterity skills and sheltered work performance.

Procedures

The O.B.A. is designed for use by persons with widely varied experience and education, including parents and service providers at all levels. The tester should be familiar to the client.

The manual includes a self-instructional, self-testing program that teaches individuals to accurately use the O.B.A. The authors claim that this program requires about one and one-half hours study.

The entire scale is not normally administered at one time, but were this the case, direct observation would take about 8 hours; as a third party rating form, it would take about 2 hours to complete.

The items should be administered or rated in a situation where the test items are available, e.g., kitchen, bathroom, etc., and when there are no distractions such as radios or other people.

The score for each item depends on the level of prompting required to elicit the appropriate behaviour. Scores for each item are recorded on a single page, producing a graph-like profile.

Reliability and Validity Data

The manual includes data on reliability, for both direct testing and third party rating. There is also reliability data comparing direct testing to third party rating.

REVIEW

Content

Test items are categorized in skill groups and are in reasonably sequential order. Since scores are not age-related, sequence is of less importance. It is possible, for example, to rate a client on "puts on shoes", and also on "take off mitts" quite independently, as there is no overall score completed.

Each test item is carefully and objectively defined and broken down into about 3 to 5 distinct behaviours, each of which is scored. This type of precise and detailed task analysis is extremely useful for subsequent programming. In some cases, alternative test items are specified, e.g., a sandwich can be wrapped in one of several types of bags and component behaviours are specified for each option.

Administration

Although the authors state that one can learn to administer the test in one and one half hours with the self-teaching program in the manual, it would probably take considerably more time and practice to become skilled with this instrument.

Items are scored from 0-3 based on the level of prompting required to elicit the behaviour. The examiner must adhere rigidly to the clearly described prompting system in order to score the test correctly. This would require considerable practice and self-awareness. It would be tempting for the examiner to prompt too much or too soon, and prompts are not allowed once a response begins.

While adherence to the exact description of the behaviour increases reliability, there is also the danger that such rigidity may depress scores. While the components of each behaviour are in logical sequence, the standards are sometimes quite high, even for normal adults, e.g., buttering toast evenly with no more than a 1/2 border left unbuttered".

A major complaint about many test instruments is that they are not detailed, objective and rigorous. The O.B.A. is all of these things and demonstrates that there are both advantages and disadvantages to such precision.

Interpretability

Test items are objective and standards rigorous. The manual is precise and includes a self-teaching program for administration of the O.B.A., as well as suggestions and cautions applicable to any good assessment procedure.

The end result is a graph-like profile which clearly displays the strengths and needs of the client. By looking at the components of each work area, it would be reasonably simple to construct a good IPP from the findings.

Summary of utility for program planning

The O.B.A. is quite useful for the IPP development for pre-schoolers and adults because of its precise task analysis. It can be administered by anyone who knows the client and should be administered in a natural environment. It is especially useful for assessing the level of independence of skills because of the scoring system which is related to the amount of prompting required.

The instrument is not useful if one is looking for a label, category or age score. No such summary scores are derived. A major weakness of the instrument is that it's very precision does not allow for the assessment of persons with multiple handicaps. A major strength is in the assessment of readiness for independent living.

PORTAGE PROJECT CHECKLIST

Shearer, David and others

DISTRIB'JTOR

NIMR
Kinsmen Building
4700 Keele Street
Downsview, Ontario
M3J 1P3

COSTS

Portage Kit	$65.00
Checklists (set of 12)	$12.50

DESCRIPTION

Intended Purposes

The Portage Project Checklist is designed to be used by parents or program staff. The checklist is intended for use with children, either handicapped or normal, functioning within the developmental range from birth to 5 years.

Domains

The Portage Checklist covers the following domains: cognition, self-help, motor, language and socialization.

Procedures

The Portage Checklist can be administered by anyone familiar with the child. It can be completed by direct observation of the checklist behaviours. Some of the items could be completed by drawing on the knowledge of someone who knows the child well.

No summary scores are computed from the Checklist. The items are scored "achieved" or "not achieved". Each Checklist item is cross-referenced to an activities card. Each card makes suggestions for activities to promote the development of the desired behaviour.

Reliability and Validity Data

No reliability or validity data are provided with the Checklist materials.

REVIEW

Content

The Portage Project Checklist appears to provide a comprehensive assessment of functional abilities for children under the age of 5 years. The developmental sequences in the Portage are similar to those found in most other assessment instruments for this age group. Items assessing development in the earlier stages are more detailed than those covering the later developmental period.

As the author quite rightly comments, the division of skills into domains is somewhat arbitrary. To reflect this, the activity cards are cross-referenced to cards in other domains and to earlier skill levels. .

The Checklist provides a good behavioural description of most items. The items are not, however, criterion or frequency-referenced.

The Checklist materials suggest that this instrument can be used regardless of handicapping condition. No modifications for handicapping conditions are described for the scoring system, nor do the activity cards suggest modifications for other handicaps.

Administration

The Portage Project Checklist instructions are clear and it appears to be easy to administer. Extensive training does not appear to be necessary to use the Checklist. The simplicity of administration makes the Portage a useful tool for involving parents in a child's program. Parents could easily be trained to observe their child and complete the checklist.

Presumably, the Portage would be administered through direct observation of the child in his/her natural environment. The observations could be carried out over the course of several days. The actual time required to complete the checklist would depend on the child's developmental level and the scatter in the child's abilities.

Interpretability

The Portage Checklist does not provide a summary score or norms for comparison. Rather, each Checklist item is referenced to activity cards

outlining suggested training approaches. Consequently, little interpretation is required from the rater.

Summary of utility for program planning

The Portage Project Checklist appears to be most useful with young children who do not have other serious physical impairments. It could be used in the child's home or residence, in infant stimulation programs, in family support programs and in developmental day care or nursery programs.

The Checklist and activity cards form an integrated package that appears to be quite useful for program planning. These materials would be particularly useful for parents or for program staff who do not have extensive experience in planning individualized programs for young children. While the recipe card approach can be limiting, it is a useful starting place for involving parents in assessing and planning remedial activities for their own children. For children who were severely or profoundly impaired or who had other handicaps (e.g., visual impairment or physical handicap) the Portage materials would have to be supplemented by other assessment instruments and other programming approaches.

A PRESCRIPTIVE BEHAVIOURAL CHECKLIST FOR THE SEVERELY AND PROFOUNDLY RETARDED

Popovitch, Dorothy

DISTRIBUTOR

Champlain Books Ltee
1 Croissant Richard
Chateauguay, Quebec
J6P 1J6

COSTS

Specimen Set $19.95

DESCRIPTION

Intended Purposes

The Prescriptive Behavioural Checklist was designed to evaluate severely and profoundly retarded children and to prescribe an individualized method of teaching the needed skills.

Domains

The Checklist covers the following areas: eye-hand coordination, language development, physical eating problems, and motor development.

Procedures

The Checklist is designed for use by program staff and teachers. It is administered through direct observation of the child carrying out the described tasks. The author suggests that the ideal setting for assessment is a quiet room with a small table and chair, a cerebral palsy or relaxation chair for extremely active students and a mat on the floor for gross motor activities.

Items are scored yes or no. Each item on the Checklist represents a behavioural objective. Each objective has a corresponding task analysis, which breaks the objective into easy to teach steps.

Reliability and Validity Data

Inter-rater reliability data is reported in the manual.

REVIEW

Content

This Checklist is very thorough and detailed. Items are stated in clear behavioural terms. It is geared specifically to evaluating the needs of severely and profoundly handicapped children, covering the developmental age span of birth to three years. The items on the Checklist appear to be adequately sequenced. Each behavioural objective is referenced to an implementation section which lists the prerequisite skills required to perform the task.

Many of the behavioural objectives require toys to be used as part of the observation. This is appropriate with young children. If the instrument were used with older severely disabled persons some of the toys and materials used would be inappropriate, e.g., Kohler's busy box, wooden rattles.

Although the administration procedures indicate the use of a cerebral palsy or relaxation chair, the Checklist does not take into account factors such as physical handicaps which may prevent the individual from performing the task. An exception is in the eye-hand coordination objectives which make suggestions regarding adaptation of the test for blind students.

Administration

The manual clearly sets out the procedures for administering the Checklist and developing a program plan from the results. It appears that considerable training would be required in order to observe the behaviours on this checklist. This is because the items are so detailed. The degree of detail also suggests that a considerable amount of time would be required to observe all the behaviours.

Summary of utility for program planning

The Checklist appears appropriate for use with severely and profoundly retarded children. It would be most useful in a pre-school setting with severely handicapped children or in a developmental day nursery.

This instrument is specifically designed for use in individual program planning. The main utility of the checklist is its linking of assessment to implementation. For each objective there is a corresponding task analysis which breaks the objective down into easy-to-teach steps. Principles of operant psychology were used in the design of the Checklist and the task analyses as well

as in the actual teaching of the objectives. Added to each objective is an implementation section listing the various materials to be used, any prerequisite skills needed and any problems the teacher may encounter with that particular objective.

THE PREVOCATIONAL ASSESSMENT AND CURRICULUM GUIDE (PACG)

Mithaug, D., Mar, D., & Stewart, J.

1978

Exceptional Education
P.O. Box 15308
Seattle, Washington
U.S.A. 98115

Phone: (509) 924-9060

COSTS

Complete set of 10 forms and 1 manual	$ 8.00 U.S.
Additional forms	10/3.50 U.S.

REVIEW

Intended Purposes

The PACG was developed for handicapped persons who are preparing for sheltered employed. It is designed to assess and identify prevocational training needs; to analyze behaviour and skill deficits in terms of sheltered employed expectations; to prescribe training goals; and to evaluate progress by continuous monitoring.

Domains

The 46 item PACG consists of three domains which are divided into 9 sub-domains. Worker Behaviours assesses: attendence, independence, production, learning, and behaviour. The Interaction Skills domain includes: communication skills and social skills. The Self-Help Skills domain includes: grooming/eating skills, and toileting skills.

Procedures

The PACG may be administered by a professional or a paraprofessional or anyone familiar with the student's behaviour patterns in work situations. Ratings are based on observations of the student in a situation where he or she has an opportunity to display appropriate responses. The authors note that it may also be necessary to arrange specific opportunities for appropriate behaviour. Items consist of one general item followed by several specific items assessing a behaviour

area. The rater is required to indicate either the level of response (e.g., the number of responses occurring in a specified time period) or the existence of the behaviour (e.g., yes the behaviour is present or no, it is not). The rating form contains shaded and non-shaded response areas. Checks in the shaded areas indicate that the student's skill or behaviour levels are acceptable for entry into sheltered employed. Checks in the non-shaded areas indicate a skill or behavour deficit. Summary scores for each of the nine sub-categories can be charted on a summary profile sheet which compares the student's scores with scores expected of persons entering sheltered employment.

Reliability and validity data

Reliabiilty and validity data are reported in the test manual. The PACG was tested on handicapped persons ranging from the age of 10 to 60 years and who were diagnosed as profoundly, severely or moderately mentally retarded. Many of these persons had additional handicaps.

REVIEW

Content

The content of the PACG was established in two surveys which identified skills and worker behaviours that supervisors in the community considered important for entry into sheltered employment. The response levels identified in the Inventory as workshop expectations were also based upon survey data. Content is quite comprehensive, including social and behavioural skills, work habits, and productivity measures in one integrated package. The items appear quite appropriate for candidates for sheltered employment.

Administration

Administration of the package requires no special training. The manual is very brief, clear, and complete. It should not take more than 15-20 minutes to complete the Inventory unless, of course, it is necessary to manipulate the environment in order to provide opportunities for specific behaviours to occur.

Scoring is simple and criterion-referenced. The ultimate criterion for each item is the score expected of persons entering sheltered employment.

Interpretability

By examining scores in the non-shaded areas, a skill or behaviour deficit can be quickly identified. hese can be compared with the corresponding item in the accompanying Curriculum Guide. This Guide identifies the next program goals for

the student in very precise terms, e.g., to increase the amount of time wearing safety equipment to 100%.

The summary profile involves totalling 9 sub-scores and plotting them on a simple graph. Criterion level is indicated on the profile, thus giving an instant picture of strengths and needs as related to suitability for sheltered employment.

The authors note that this instrument is concerned with workshop behaviours and skills, and that other skills from areas such as pre-academic, communication, self-help, recreation, and socialization should be added to the basic curriculum in order to establish a comprehensive program for a student.

Summary of utility for program planning

The PACG is one of the few instruments we found that focusses on a preparation of a student for sheltered employed. The content is most suitable for the severly/profoundly mentally retarded. The instrument can be used for anyone in a workshop situation, including the multi-handicapped, blind and hearing impaired. The Curriculum Guide quickly establishes criterion-referenced goals for programming. The Summary Profile Sheet is simple enough that even a severely handicapped student could follow his or her own progress towards a goal by examining the profile.

PROGRESS ASSESSMENT CHART OF SOCIAL AND PERSONAL DEVELOPMENT AND ALTERNATIVE VERSIONS

Gunzburg, H.G.

DISTRIBUTOR

SEFA/AC Press
P.O. Box 711
Bristol, Indiana
46507

Telephone: 616-641-5044

COSTS

Specimen Set:	Contains one of each of the various charts/Indexes/ Manuals and a monograph on "Evaluation of the Effects of Group Home Living"	$25.00

DESCRIPTION

Intended Purposes

The Progress Assessment Chart (PAC), in its various forms, was designed to assess the social functioning of mentally handicapped young children, adolescents and adults. The alternative versions are designed to be used as follows: the primary PAC is suitable for mentally handicapped children up to approximately 7 years of age. The PAC 1 is suitable for mentally handicapped children aged 6 to 16 years, but can also be used for older age groups. The PAC 2 was designed for the adolescent and adult mentally handicapped.

The M/PAC 1 is an adaptation of the PAC 1 particularly suitable for children with Down's Syndrome, aged 6 to 15.

The PAC-1A is an extension of the PAC 1 and tests additional social skills particularly relevant to the social education of the mentally handicapped. The F/PAC2 was designed for the severely mentally handicapped adults.

Domains

In each of its six forms, the PAC covers four domains: self-help, communication, socialization, and occupation.

Procedures

No special training or experience are required to administer the PAC. The checklist is administered through direct observation of the client in a typical setting. This information can be supplemented by interviews with a person knowledgable about the client and in some cases by directly observing the client in a special setting.

For each item on the checklist, the client is scored as competent or not competent. The scoring system also allows an item to be scored "not adequately assessed". No credit is given for items scored this way.

The assessment results are presented in a circular graph. Each item on the checklist represents one segment of the graph. The items at the lower end of the scale are placed in the centre of the graph and higher items at the outer rim. The client's individual performance level is represented by shading heavily those items in which he or she is competent; items in which the client has not demonstrated competence are shaded lightly; items that have not been adequately assessed are left blank.

Reliability and Validity Data

Reliability and validity studies are available for the PAC.

REVIEW

Content

The PAC system as a whole can provide a comprehensive picture of an individual's level of functioning. However, unless an individual's range of functioning coincides with the range of abilities represented by each of the alternative versions of the instrument, no one version will be adequate to assess his or her development. On any one version, the items at the lower end of the scale may be too high for a particular individual while the items at the upper end of the scale are too low. Further, the items are not broken down in a great deal of detail. This limits the instrument's utility as a guide for establishing training sequences.

The items within each domain are developmentally sequenced. The four major domains are not, however, broken down into subdomains. An item concerned with, for example, toileting skills, may be followed by an item concerned with dressing skills. This, combined with the lack of detailed breakdown of particular skills, may make it difficult to trace the developmental sequence of a particular skill.

The alternate versions have been designed for use with different age groups and the test items and materials in each version are generally age appropriate.

Because no summary score is computed with the PAC, an individual with a handicapping condition is not penalized, per se, for lack of ability to perform a particular item. The scoring system does not, however, suggest a method for indicating which items were not achieved because of a handicap. Nor do the test instructions suggest ways in which the items could be modified to assess the functioning of multiply handicapped individuals.

Administration

The instructions for administering and scoring the PAC are clear. Little training or experience appears necessary to use the scales. This appears to be an easy instrument for program staff to use. The items themselves are not always stated in explicit behavioural terms, although the manual includes detailed instructions on how to rate each item. These rating criteria must be applied to in a consistent fashion for results to be meaningful.

This test requires observation of the client in a natural setting. Administration of the test could be carried out over a period of several days. The actual amount of observation time does not appear to be very long. Perhaps an hour would be required to observe all the test items with an additional 30 mintues for scoring.

Interpretability

The circular chart which presents the assessment results makes the individual's level of performance immediately apparent to the skilled reader.

Summary of utility for program planning

Since the PAC comes in several alternate versions, one of these is likely to be applicable to almost any client group and any setting. The exception would appear to be those individuals who have some other form of handicap (such as visual impairment or a physical disability).

In addition, none of the PAC scales provide a detailed assessment of skills required for independent community living and employment.

The PAC is probably most useful as an initial assessment designed to identify a client's strong areas and weak areas. The assessment is not sufficiently detailed to be useful in establishing training sequences.

THE RADEA PROGRAM

Staff of the Dallas County Mental Health/Mental Retardation Centre

DISTRIBUTOR

Melton Penninsula Inc.
111 Leslie Street
Dallas, Texas
U.S.A. 75207

COST

RADEA Program Kit: $495.00 U.S.

Components:
- Task Cards
- Daily Progress Charts
- Picture Cards
- Individual Progress Profiles
- Task Trial Sheets
- Teacher's Manual
- Scoring Sheets
- RADEA Sound Tapes
- RADEA Graphics
- RADEA Manuscript Pages

DESCRIPTION

Intended Purposes

The RADEA Program is intended to be a comprehensive curriculum for handicapped children. The curriculum includes developmentally sequenced tasks with assessment and accountability procedures.

Domains

The RADEA Program covers 5 main areas of development: visual perception, auditory perception, perceptual motor, oral language, and functional living. Each of these developmental areas are divided into four levels: Level one covers skills normally learned from ages 0-2; Level 2 covers skills normally learned from ages 2-3 1/2; Level 3 covers skills normally learned from ages 3 1/2 through 5; Level 4 covers skills covered normally learned from ages 5 through 7.

In addition, one section focusses on special problems such as toilet training, swallowing table food, echolalic speech, drooling and self-stimulatory behaviours.

Procedures

The assessment device included in the RADEA Program is called the Testing and Remediation Checklist. Each item on the checklist is indexed to a RADEA task card. The task card states the task objective (what skill is to be taught), the mastery criteria, and scoring. This is a criterion-referenced checklist. No overall score is computed. Rather each item is scored as passed or failed, depending on whether the child has attained the mastery criteria indicated on the task card.

The program materials include printed forms called individual progress profiles. These forms record, on a quarterly basis, a graphic presentation of the student's progress through all areas of the curriculum.

Reliability and Validity Data

A comprehensive evaluation of the RADEA Program as a whole was carried out.

REVIEW

Content

The testing and remediation checklist covers all areas of development, although not in great detail. However, the curriculum itself is much more detailed than the checklist alone. The checklist contains 217 items, while there are 564 Task Cards provided.

The items are generally appropriate to the domains in which they have been placed. Recognizing that some tasks include skills from other domains, the RADEA Program includes a Related Skills Index. This cross-references skills by area, allowing the teacher to select from one or more modality, and to develop training for specific deficits. The task objectives with their accompanying sequence of steps and mastery criteria are much more objective than many other developmental checklists and curricula.

The RADEA Program was designed to be developmentally sequenced. The checklist generally reflects a developmental sequence. The different domains are, however, uneven in terms of their starting point and in terms of the degree of breakdown provided for different skills.

This curriculum was designed for use with children and the materials reflect this. Attention has been paid to durability of the curriculum materials and to safety features. The curriculum, however, relies heavily on using specially designed materials in teaching children various skills. Some of these materials are included with the basic package; others must be purchased

separately. While use of pictures, stories, and toys is certainly appropriate for children, the designers could perhaps have paid more attention to using materials that children will encounter in everyday life. For example, colour matching can be taught as easily with different coloured socks as it can with specially purchased blocks.

The RADEA Program does not appear to include any instructions for modifying the tasks or assessment for children with physical, visual or auditory impairments.

Administration

The complete RADEA Program includes all instructions that appear to be necessary for using the curriculum and assessment procedures. The Program includes materials for training teachers, para-professionals and parents to use the curriculum materials. This curriculum is so detailed and so prescriptive that it would probably be most appropriate for those who have relatively little training and/or experience in working with handicapped children.

The testing and remediation portion of the program was designed to be used on a quarterly basis. Since the curriculum stresses daily observation and recording of a student's progress, the teacher would probably have a good idea of where a child is functioning prior to the quarterly assessment. Completion of the checklist does not appear to be time consuming.

Interpretability

The checklist and curriculum materials assume that the program presents skills in a proper developmental sequence. Therefore, when an assessment indicates that the child has mastered a particular item, the succeeding task objective becomes the appropriate training goal. The materials offer little guideance, however, if the child for one reason or another, deviates from the sequence prescribed by the curriculum.

Summary of utility for program planning

The RADEA Program would be appropriate for use with developmentally handicapped children, provided they do not have serious physical, visual, or auditory impairments. It could be used in an infant stimulation program, a developmental nursery or a developmental day care setting.

The RADEA would be most useful to those programs where the staff have little training or experience in working with developmentally delayed children and few other resources are available. The recipe card approach is useful when a program is first starting. However, most programs may find that such a highly designed curriculum and materials will become limiting.

SANTA CRUZ BEHAVIORAL CHARACTERISTICS PROGRESSION

Santa Cruz County Office of Education

VORT Corporation
P.O. Box 11132
Palo Alto, California
U.S.A. 94306

COSTS

Method Books -- set of five volumes:	$99.95 U.S.
Observation Booklet:	$ 9.85 U.S.

DESCRIPTION

Intended Purposes

The Behavioral Characteristics Progression (BCP) is designed for children between the ages of 3 to 18 years. The authors state that the instrument is appropriate for use with all disability types. The strands are divided into five main domains: self-help skills, motor skills, communication skills, social skills and learning skills.

Domains

The BCP contains 2400 observable traits referred to as behavioural characteristics. These characteristics have been grouped into 59 behavioural categories called strands. The strands cover a wide range of functional areas.

Procedures

The BCP is designed to be administered by program staff or teachers. The manual recommends that speech, physical, and occupational therapists, school nurses and school psychologists be consulted.

The checklist is completed by direct observation of the individual client and by interviews with the client.

The checklist items are scored according to a six point scale. The ratings include: behaviour not displayed, no opportunity -- no score; behaviour not displayed, opportunity provided -- a minus (-) sign; behaviour displayed part of the time but less than required level of 75% -- one half; behaviour displayed at

required 75% incident level without physical or verbal assistance --check mark; physical handicap prevents behaviour -- H; no proper equipment available -- G.

Each item is scored individually and no summary score is computed. The test materials include an individual observation booklet which pictorially displays the child's level and history of development. As one booklet is designed to record results over repeated assessments, they are a one-time investment for each child.

REVIEW

Content

The BCP is one of the most comprehensive scales available. The 50 strands encompass virtually all functional areas of development. In a scale that is so comprehensive, some overlap between domains is to be expected. In general, however, the items are appropriately placed in their strands.

The items on this checklist are sequenced in a developmental order. There is, however, considerable variation in the level at which the different strands start. For example, the feeding eating strand begins with "opens mouth when physically stimulated by spoon held by another" while the outdoor skills strand starts with "waters lawn/ground, plants/seedbeds with hose". The person administering the checklist should not, therefore, expect to start at the same point in each strand for any particular individual being assessed.

The BCP was designed for use with children and as such the items are appropriate to that age group. By minor modifications in some of the materials used, for example replacing toys with more appropriate items, the test could be used with adults who are severely or profoundly impaired.

Because no summary score is calculated, a multiply handicapped individual is not penalized for lack of ability to perform an item. The scoring system does suggest that a physical handicap that prevents the behaviour be indicated on the record sheet. In addition, several of the strands are designed specifically for use with multiply handicapped individuals. Such strands include: sign language, finger spelling, speech reading, wheelchair use and ambulation.

Administration

This is a criterion-referenced test, with items defined in clear behavioural terms. The instructions for the administration of this test are clear. However, because the checklist is so comprehensive, considerable study would be required to understand how to administer each item.

This test can be administered by program staff who have experience working in a service delivery context. Each staff would have to spend considerable time familiarizing themselves with the content of the checklist.

Administration of the complete checklist would be extremely time consuming. The authors estimate that from 3 to 8 hours would be required to complete it for an individual client. Time could be reduced by using only portions of the scale for an individual client. Test materials facilitate this. Each strand is prefaced by a section called "identifying behaviours" which describes some of the handicapping behaviours a child might display. This assists the teacher to focus on basic need areas and determine priorities.

Interpretability

The BCP is easy to score and record. No normative scores are used in interpreting the test. Rather, the teacher or program staff examines the pattern of skills and deficiencies made apparent by the record in the observation booklet. The booklet itself, however, is extremely cumbersome. It is very large and programs may have difficulty storing and/or displaying the records if a large number of children have been assessed.

Summary of utility for program planning

This test would be appropriate for all handicapped individuals, particularly the young and severely retarded. A modification in test materials would be required for use with older individuals.

This test could be used in a developmental nursery or perhaps a life skills program. It could also be appropriate for those undergoing pre-vocational training.

This instrument appears to be very useful for program planning. The sequences of behaviour are well broken down and the test materials include suggestions for training approaches. The checklist could be used both the assess an individual's current level of functioning and to establish appropriate training objectives.

SHELTERED EMPLOYMENT WORK EXPERIENCE PROGRAM (SEWEP)

The Dr. Gertrude A. Barber Centre, Inc.
136 East Avenue
Erie, Pennsylvania
U.S.A. 16507

1975

COSTS

Manual	$ 5.50 U.S.
Program Workbook	2.50 U.S.

DESCRIPTION

Intended Purposes

The SEWEP is designed to assess and program the development of vocational capabilities of mentally retarded teenagers and adults who have achieved adequate independence in personal and social skills, but minimal vocational independence.

It was designed to assess specific competencies in sheltered employment and/or to prepare clients for competitive employment.

Domains

Ten major vocational competency areas are assessed: factory work training, carpentry, print shop, laundry, building maintenance, general and outdoor maintenance, transportation aide, library aide, food service, and housekeeping. These 10 competency areas are further subdivided into 50 specific skill areas. In all, there are 433 specific skill items.

In addition, two other competency areas are assessed: personal/social development (21 specific skill areas) and general vocational development (work habits -- 20 specific skill areas).

Procedures

Performance in a specific competency area is rated on a 6 point scale ranging from M (mastery) to NA (not applicable to this client). Results are recorded on a circular chart shwoing strengths, weaknesses and progress in each test item. The instrument is completed by line staff in a workshop. Assessment

of the personal/social development competency scale should be completed by personnel sophisticated in this area and be interpreted by them to the line staff. These results are not recorded on the circular chart provided for the skill competency data.

Reliability and Validity Data

No data is given in the test manual.

REVIEW

Content

The instrument was developed with clients of moderate to borderline functioning, including some with psychiatric disorders, who were in workshop programs. For this group, the content of the test is quite appropriate and current.

Sequencing is not a consideration; the instrument simply identifies the level of mastery of fairly independent skills. The scoring system allows one to record lack of opportunity to perform a task, or inapplicability due to handicap.

Test items involve value judgments regarding criterion performance, and do not provide any task analysis. For example, "dusts floors" or "cleans mirrors" necessitates a judgment by the rater of the quality of the work and if the item is failed, requires the rater to take note of the reasons for failure.

Administration

Instructions are very simple and no training is required to use this checklist. Each competency area could be rated in about 20 minutes either on the work site or from recall.

Interpretability

The end result of the rating process is a series of circular charts for each competency area and a summary chart. These give a clear, simple picture of a client's strengths and weaknesses, including skills to which the client has not yet been exposed.

Summary of utility for program planning

This checklist is appropriate for workshop clients who function at the moderate or borderline levels. Although not detailed enough for specific program planning, it is useful for the initial identification of strengths and weaknesses within a competency area.

SOCIAL AND PREVOCATIONAL INFORMATION BATTERY — FORM T (SPIB-T)

Irvin, L., Halpern, A.S. Reynolds, W.M.

CTC, McGraw-Hill Ryerson Ltd.
330 Progress Avenue
Scarborough, Ontario
M1P 2Z5
(416) 293-1911

1977

COSTS

Specimen Set	$ 6.50
Manual, Answer Key, 20 Test books, 20 Pretest Books	25.00
Manual	3.00
Pretests	20/2.00

DESCRIPTION

Intended Purposes

The Social and Prevocational Information Battery - FormT (SPIB-T) is the latest revision of the SPIB. It was developed for educable and trainable mentally retarded individuals between the ages of 14 and 20.

It assesses skills and competencies regarded as important for community adjustment. Five broad areas reflecting long range program goals are addressed: employability, economic self-sufficiency, family living, personal habits and communication.

According to the authors, the SPIB-T can be used to identify student needs and program specific remedial instruction, as well as to evaluate programming on a group basis. It is intended to be used in community residences, schools, prevocational, social and community programmes to evaluate independent functioning.

Domains

The SPIB-T contains 291 items grouped across 9 domains. The domains are: purchasing habits, budgeting, banking, job-related behaviours, job search skills, home management, physical health, personal hygiene and grooming, and functional signs.

Procedures

The SPIB-T includes two pretests which should be administered to determine whether or not the individual can respond to the yes/no type format required. The test is presented orally in either the yes/no or picture selection format.

The test can be presented to a group of up to 10 individuals. Each subtest takes from 10 to 20 minutes; the total battery can be given in one and one half to two and one half hours. Most examinees can take three to five tests on any one day. The battery should be completed during one week. No special training is required other than a thorough knowledge of the test materials.

For each subtest, a raw score is calculated. This can be converted to per cent correct or a percentile rank.

Reliability and Validity Data

These data are reported in the manual. Of note is the fact that approximately 50 per cent of moderately retarded persons cannot be assessed because of their inability to be tested successfuly using the SPIB-T yes/no format.

REVIEW

Content

The SPIB-T is a revision of the earlier SPIB. Changes were made in the administration directions, response format, and some of the items, to increase clarity and reduce word difficulty. The content has been revised downward and reworded in order to accommodate trainable or mildly retarded individuals.

The test adequately measures work and social skills needed for community adaptation. However, as discussed in the manual, the yes/no format is a problem for many moderately mentally retarded individuals. The format also presents difficulties for those with auditory, visual or perceptual difficulties.

Administration

The SPIB-T is cost-effective and easy to administer. The yes/no format and the scoring procedures are simple. It is administered orally to a group. No special training is required.

Interpretability

Two methods of interpreting results are discussed in the manual. The first compares individual scores to performance of a similar group of persons and thus provides no guidelines for training. The second compares the individual's percentage correct score to a standard set by the examiner.

The user's guide provides methods and graphic procedures to assess student needs, monitor program progress and evaluate outcomes.

Summary of utility for program planning

The SPIB-T appears inappropriate for low level trainable mentally retarded persons who cannot handle the yes/not format. It also presents difficulties for those with auditory, visual or perceptual difficulties.

The instrument is most useful in making decisions about placement of high trainable and low educable mentally retarded persons in community settings. It can also identify specific areas of weakness which can be emphasized in training. However, further observation and task analysis by the examiner would be required in order to specify an individual program.

TEACHING THE MODERATELY AND SEVERELY HANDICAPPED: CURRICULUM OBJECTIVES, STRATEGIES AND ACTIVITIES, VOLUMES I, AND II

Binder, Michael and Valletutti, Peter

DISTRIBUTOR

Champlain Books Ltee
1 Croissant Richard
Chateauguay, Quebec
J6P 1J6

COSTS

$19.95 per volume

DESCRIPTION

Intended Purposes

According to the authors this book provides a comprehensive set of objectives for use in day nurseries, developmental centres, and schools. The curriculum is not age-specific, but is meant for children, adolescents and adults.

While this book is primarily a curriculum, the authors have described how the list of curriculum objectives could be used as a diagnostic checklist. For this reason, we have included it in our review.

Domains

The curriculum is divided into two volumes. Volume 1 includes the following domains: behaviour, self-care, and motor skills. Volume 2 covers the areas of communication, socialization, safety, and leisure time skills.

Procedures

This curriculum and checklist is designed to be used by program staff. Use as a checklist, would require direct observation of the client performing the specified objective.

For each behavioural objective in the curriculum, the authors provide a required performance level (RPL) and a recommended number of observations (RO). The RPL's are criteria for mastery of the different objectives. For

example, a client must perform a particular task successfully five out of five times. A student performance level (SPL) is then computed by dividing the number of successful performances by the number of recommended observations.

Because this is not a checklist, per se, no standard format for reporting the results is provided. The authors do suggest two methods of recording and graphing checklist data.

Reliability and Validity Data

No reliability or validity data are provided.

REVIEW

Content

This curriculum/checklist is comprehensive in the domains that are considered. It includes areas that are omitted by many other assessment devices such as drinking and sexuality.

While the items are appropriate to the domains in which they are found, there is considerable overlap between skill areas. For example, the self-care area and safety area both deal with the preparation of food. The authors have not provided a cross-referencing system between the various skill areas.

Many of the items are stated in clear behavioural terms. Objectivity is weaker in the inter-personal, communication and behaviour areas. This is a weakness shared with many other checklists covering these domains.

Some of the specific objectives under the overall objectives are sequenced while others are not. In trying to establish training objectives from the sequence of behavioural objectives, some care must be exercised. For example, the specific objective "student does not smoke" is followed by three further items, all of which are concerned with smoking behaviour. If this breakdown of objectives were taken as a sequence, the training objective would be to teach a non-smoker to smoke.

This is a developmental curriculum. Consequently, the earlier objectives are appropriate for younger children while the later objectives are appropriate for older adolescents. Some of the earlier items would have to be modified to be useful with an adolescent or adult population.

While this curriculum is not specifically designed for multiply handicapped individuals, the authors do provide suggested adaptations for physically handicapped and non-verbal individuals.

Administration

Instructions for using this guide both as a curriculum and as a checklist are clear. No special training would be required to use. Familiarity with developmental sequences and experience in establishing training objectives would be required because of the sequencing problems discussed earlier.

Assessing every objective in this curriculum would be very time consuming. Presumably, staff would select objectives that were appropriate to a particular client. The administration time would therefore vary depending on how many objectives were selected.

Interpretability

The use of the RPL and RO method of assessing an individual's mastery of a particular objective should make interpretation of this checklist easy and clear. However, some of the RPL's seem unrealistically high and some of the RO's are a little peculiar. For example, one objective requires a student to report house breaking to the police on five out of five observations. The authors do suggest that RPL's could be modified to reflect community standards and an individual's unique pattern of abilities and disabilities.

Summary of utility for program planning

This curriculum would be most useful for moderately and severely disabled children and adolescents. The curriculum is not sufficiently detailed to be useful with profoundly handicapped individuals. It would be useful in a developmental pre-school or developmental centre. It could also be used with moderately handicapped adolescents and adults in a life skills program or a community residence.

This curriculum appears to be quite useful for program planning purposes. It provides clear statements of skill objectives and mastery criteria, making it easy for both staff and clients to know what is expected. The curriculum provides training suggestions that can be used to assist the client's to reach their skill objectives.

UNIFORM PERFORMANCE ASSESSMENT SYSTEM: BIRTH TO SIX YEARS SCALE

Bendersky, Margaret

DISTRIBUTOR

Nancie L. Smith
Child Development and Mental Retardation Centre, WJ-10
University of Washington
Seattle, Washington
U.S.A. 98195

COSTS

Specimen Set $15.00 U.S.

DESCRIPTION

Intended Purposes

The Uniform Performance Assessment System (UPAS) is intended to assess the development of children functioning within a range of birth to six years of age. The authors suggest that it be administered quarterly to monitor pupil progress in an educational setting.

Domains

The UPAS contains 265 items and 25 subdomains intended to indicate developmental level in: pre-academic, communication, social/self-help, and gross motor. In addition, a specific inappropriate behaviour checklist covers verbal and physical aspects of behaviour.

Procedures

The UPAS can be administered by trained professional and para-professional staff. The checklist is completed through direct observation and measurement of the client's behaviour.

The instructions for scoring take into consideration various contexts: items inappropriate for pupil due to handicapping condition or age; if any adaptation has been made in the testing procedure or the accepted response, e.g., signing instructions or accepting a signed response; if any prosthetic device was used in the testing situation (e.g., wheelchair, braces, communication board).

The number of checked behaviours indicates the client's position within a developmental sequence covered by each domain. An individual progress summary for each child tested as well as a group summary can be provided on a computer printout.

Reliability and Validity Data

No reliability or validity data are reported in the test materials.

REVIEW

Content

This checklist provides a detailed and comprehensive assessment of the functional abilities or young children. Sequencing of items and placement of items within domains is typical of early developmental checklists.

The UPAS system was designed for use with children and is generally apprpriate for that age group. In the manual, the authors make some general suggestions on what to do if certain items are age-inappropriate. For example, if the test were going to be used for older severely handicapped individuals, the authors provide some ideas on how to change the items so that the materials are less juvenile but still measure the same skill.

The scoring system takes into consideration various handicapping conditions. In addition, the gross motor scale has a section of 28 criterion-referenced tests specific to persons in wheelchairs. Some sample items include: uses brakes on chair, transfers from wheelchair to toilet.

Administration

This is a criterion-referenced test. The items are very clearly stated as are the scoring procedures, generally including a behavioural definition of the developmental skills being assessed. Because the test is so detailed and comprehensive, however, it would require sophisticated raters and a considerable amount of practice to administer it properly. Training or experience in the service delivery field and with instruments of a similar nature are essential for persons who administer the UPAS. Thorough knowledge of the early development of children would also be helpful.

While no specific time for administration is give in the manual, it appears that complete administration would require one to two hours.

Interpretability

As items are criterion-referenced, the results are relatively easy to interpret, provided the person examining the results is familiar with the client and with child development sequences. The test materials do not provide much assistance regarding possible interpretation. A computer scoring interpretation service is under development. The cost of such a service, however, may be prohibitive for many programs, particularly if the scale is administered on a quarterly basis as is suggested by the authors.

Summary of utility for program planning

This instrument would be useful in assessing the development of both handicapped and non-handicapped children. The scale could be used for older individuals provided some of the test materials were altered. It would be most appropriate for use within a developmental day nursery.

This instrument appears to be very useful for developing individual program plans. The assessment results will give a clear picture of the child's current level of functioning. The items further along in the checklist can be taken as training objectives.

THE VOCATIONAL BEHAVIOR CHECKLIST

Walls, Richard T., Zane, Thomas; Werner, Thomas J.

DISTRIBUTOR

Research and Training Center
1 Dunbar Plaza, Suite E
Dunbar, W.V.
U.S.A. 25604

COST

Specimen Set $ 8.00 U.S.

DESCRIPTION

Intended Purposes

The Vocational Behavior Checklist (VBC) is intended to provide a comprehensive list of clearly stated vocational skill objectives. The Checklist is designed for use in pre-vocational, vocational and on-the-job training programs.

Domains

The VCB provides extensive lists of vocationally relevant skills in the following areas: pre-vocational, job-seeking, interview, job-related, work performance, on-the-job social skills, union-financial-security.

The authors suggest that these lists may be used exactly as stated or they may be modified to suit a particular trainee, worker, program or setting. Particular skills may be selected that are relevant for the particular client or occupational training program; other skills may be added, using the same format.

Procedure

This Checklist can be used by anyone involved in vocational training or counselling programs. For each item, the VBC specifies the conditions under which a skill objective should be assessed, gives the instructions that the rater should give to the client and specifies the standard of performance required. The Checklist is completed through direct observation of the client under the specified conditions.

Each item can be scored plus if the skill objective has been mastered, minus if the skill objective has not been mastered; no score is given if the skill objective is not considered applicable.

The authors suggest three forms of record keeping. The optional data sheet is suggested as a form on which daily training data can be recorded. The condition, instruction, behaviour, and standard are copied onto the data sheet exactly as they appear in the VBC. The data sheet is used to record the client's performance on successive trials over a time period. The skill summary chart can be used as an overall record of all skill objectives achieved by the client in all 7 categories. The skills mastered by the client in initial assessment and in training as well as the date the skill was demonstrated or completed are also displayed on the skill summary chart. The chart also indicates those skills which were not considered relevant for an individual client.

The skill objectives profile allows for a quick survey of client progress in all 7 skill categories. This displays in bar-graph form the per cent of applicable skill objectives that have been mastered by the client.

Reliability and Validity Data

Reliability and validity studies are reported in the manual.

REVIEW

Content

This Checklist is an unusually comprehensive listing of work-related skills. Rather than focussing on skills required for a particular job, it concentrates more on work performance, social, and job-related skills that represent fundamental behaviours cutting across the broad vocational spectrum. The Checklist is not concerned with skills that would be acquired prior to an individual's entering a pre-vocational or vocational training program.

This Checklist is unusual in the clarity and objectivity of the items. Each item is stated in terms of the condition under which the behaviour must occur, the instruction that should be given to the client, the behaviour that the client should exhibit, and the standard of performance that the client must attain. For example, this item comes from the clothing care section of the pre-vocational skills checklist.

Condition: Given a dress (not hemmed), a threaded needle and pins. Instruction: "Hem the dress two inches".

Behaviour: Client will fold the edge of the dress under two inches, pin it, and stitch along the edge. Standard: Behaviour within 30 minutes on three

of four occasions. The hem must be between one and one half and two and one half inches in length and must not come undone. All pins must be removed.

This Checklist is not extensively sequenced, and the authors do not discuss sequencing in their instructions. While the authors suggest that items may be deleted without doing damage to the assessment, it is apparent that some of the later skills will be dependent on mastery of an earlier item. In most cases, the authors have identified successive items by roman numerals (e.g., Colour Discrimination I, Colour Discrimination II). Most of the items on this checklist are appropriate for use with an adolescent or adult client.

As no summary score is computed, this checklist can be modified to suit a client who has some type of physical handicap. The authors suggest that modifications may be made in one or more of the following ways: deleting skill objectives that are not appropriate; writing new skill objectives in the same format as the ones included in the checklist; modifying existing skill objectives by adapting the conditions and instructions, the behaviours, and/or the standards to suit a client with particular needs or handicapping conditions. The authors provide one or two examples of modifications that may be made in each skill area.

Administration

The instructions for using the VBC are simple and clearly stated. The Checklist manual provides sufficient detail for administering, scoring and interpreting the test as it stands now. More examples on how to write a new skill objective and/or modify one of the skill objectives in the Checklist would be very helpful. This checklist could easily be used by staff in vocational programs. Training would probably be required to teach staff to write new skill objectives.

The time required to administer this checklist will naturally vary considerably from client to client. It appears that staff will be required to spend a considerable amount of time before administering the test to decide which of the over 300 skill objectives are relevant to their program and to the particular client who is going to be assessed. Testing of the skill objectives should probably be carried out over a period of days or weeks. Many of the standards stated for the skill objectives allow up to 30 minutes for completion of a particular task. The standards also specify that the behaviour occur on three of four occasions, and for many of the skill objectives, the occasions would appropriately be separated by at least a day.

Interpretability

Provided sufficient attention has been paid to selecting appropriate skill objectives for a particular program and/or individual client, interpretation of the VBC is quite straighforward. The skill summary chart indicates whether or not a

client has mastered the skill or not. The skill objectives profile provide a quick survey of client progress.

This is a criterion-referenced test. Nothing in the test manual or the scoring procedures indicates, for example, that skill objective number 35 is anymore or less valuable than skill objective number 18. While this approach to assessment is very useful in assessing individual progress, program staff must have a very clear idea of what skills are important in their particular situation and for that particular client.

Summary of utility for program planning

This assessment checklist could best be used with adults who have already acquired self-care, socialization, basic gross motor, basic fine motor, both expressive and receptive language, and basic academic skills. Most of the skill objectives are written for individuals who have no form of physical impairment. Modifications to the tasks and/or to the standards would be required for individuals who had some form of motor impairment, visual impairment, or hearing impairment.

The pre-vocational section of the checklist could appropriately be used in programs that are preparing clients for long-term sheltered employment. The remaining sections of the checklist are clearly designed for situations that are training individuals for competitive employment.

This instrument appears to be very useful for program planning. The skill objectives could be taken as short-term goals on an Individual Program Plan. Ideally, the staff and client could review the checklist together to select appropriate training goals. The skill objectives are clearly stated, so that both parties would have a clear idea of what the expected outcome of training will be.

THE VULPE ASSESSMENT BATTERY

Vulpe, Shirley G.

DISTRIBUTOR

National Institute on Mental Retardation
Kinsmen
NIMR Building
4700 Keele Street
Downsview, Ontario
M3J 1P3

COSTS

Manual: $18.00

DESCRIPTION

Intended Purposes

The Vulpe Assessment Battery is intended for atypically developing children from birth through six years. It is designed to do a number of things: provide a test of competencies in various developmental areas; include a sequential teaching approach in the assessment process; provide analysis of the interaction among developmental skills areas and information processing mechanisms; indicate program goals and technique to meet the needs of individual children; and provide an accountability scheme, applicable to assessment, developmental programs, and service delivery systems.

Domains

The Vulpe is divided in 8 developmental skills areas and one environmental domain: basic senses and functions, gross motor behaviours, fine motor behaviours, language behaviours, cognitive processes and specific concepts, the organization of behaviour, activities of daily living, and environment. The basic test contains 1,127 items.

Procedures

According to the author, parents, volunteers and caregivers from a wide variety of backgrounds, training experiences and professions can use this test. The author states, however, that the reflex test part of the assessment should only be administered by a qualified therapist.

The test is administered through direct observation of the child, either in natural settings or in specially designed situations. This information can be supplemented by obtaining information from a person knowledgable about the child's behaviour.

The Vulpe scoring system is very detailed. It is designed to reflect the effects of: the environment in which the test is being administered; the person administering the test; the child's motivation and interest in the task; the child's physical, visual or auditory impairments. The system represents a graduated series of prompts and/or modifications that the test administrator can introduce into the test situation.

An assessment, rather than a score is provided by this instrument. The rater scores each item in the checklist individually. No format is provided for summarizing or profiling the child's overall pattern of abilities.

Reliability and Validity Data

No reliability or validity studies are included in the test manual.

REVIEW

Content

This is certainly one of the most comprehensive assessment instruments available for young children. The test has a sequenced structure although the testing of senses and environmental measures do not lend themselves to sequencing. The basic test includes six domains with 43 subdomains and approximately 1,127 items. The number of test items for domains ranges from 44 to 206. The test varies in the amount of breakdown provided for the different domains. The span of development covered by the different domains also varies. Some domains have items which go to the 6 year level and some only to the 2 year level. The test as a whole evaluates the birth to 2 year old child much better than the 5 or 6 year old.

Items are appropriate to the domains in which they fall, although several of the domains seem to overlap. According to the author, the overlap reflects the fact that many activities involve several developmental skills. The author has cross-referenced duplicate items in different areas of the assessment in an effort to eliminate the need to test an item more than once.

While this is not a criterion-referenced test, most of the items are stated in clear behavioural terms. The scoring system allows modifications of the test items for physical handicaps. In addition, specific portions of the test are designed to measure basic senses and functions, posture and mobility, developmental reflexes, functional tests of motor strengths, and motor planning and balance.

Administration

The instructions for administering and scoring the test are clear. While this is not a criterion-referenced test most of the items are stated in clear, behavioural terms.

The test requires a considerable amount of sophistication to be used wisely. Graduate training in a profession -- occupational therapy, physical therapy, neuro-developmental psychology, or speech pathology -- is necessary to administer some sections of the test and would be useful in adminstering most sections.

Because there are so many items on this test, considerable practice would be required to become thoroughly familiar with it. A minimum of three hours would be required to administer the battery. For infants and very young children, the observations would probably have to be spread over several days. The administration time could be kept to a minimum, if the examiner were very knowledgable about the test and could organize the items so that several answers to questions were obtained simultaneously.

Interpretability

The manual provides little direction in interpreting a child's performance. A strong background in normal growth and development is needed. The author assumes that the examiner or the supervisor will have extensive experience in child development and training, including normal reflexes and the abnormal reflex patterns of the handicapped child. To fully appreciate and utilize the test results, the assessor must bring his or her own knowledge to bear on interpreting and using the test results.

Summary of utility for program planning

This test is appropriate for use with all young children. The Vulpe could appropriately be used in infant stimulation programs, developmental nurseries and development day care programs.

This test would be very useful in planning and evaluating individual programs for pre-school handicapped children. When a child first enters a program, it would probably be useful to assess the child first with a broader screening instrument and then use the Vulpe to fine-tune areas where the child's development appears to weakest. The skill sequences on the Vulpe are sufficiently detailed that they could be used as sequenced training objectives in individual program plans.

APPENDIX A

INSTRUMENTS UNAVAILABLE FOR REVIEW

Appendix A

INSTRUMENTS UNAVAILABLE FOR REVIEW

Becoming Independent

Client Evaluation Record

Learning Accomplishment Profile

Meyer Children's Rehabilitation Institute Early Childhood Education Program Development Scales

New Horizons Assessment and Curriculum Guide

Skills to Achieve Independent-Living (SAIL)

Student Progress Record

Systematic Curriculum for Independent Living (SCIL)